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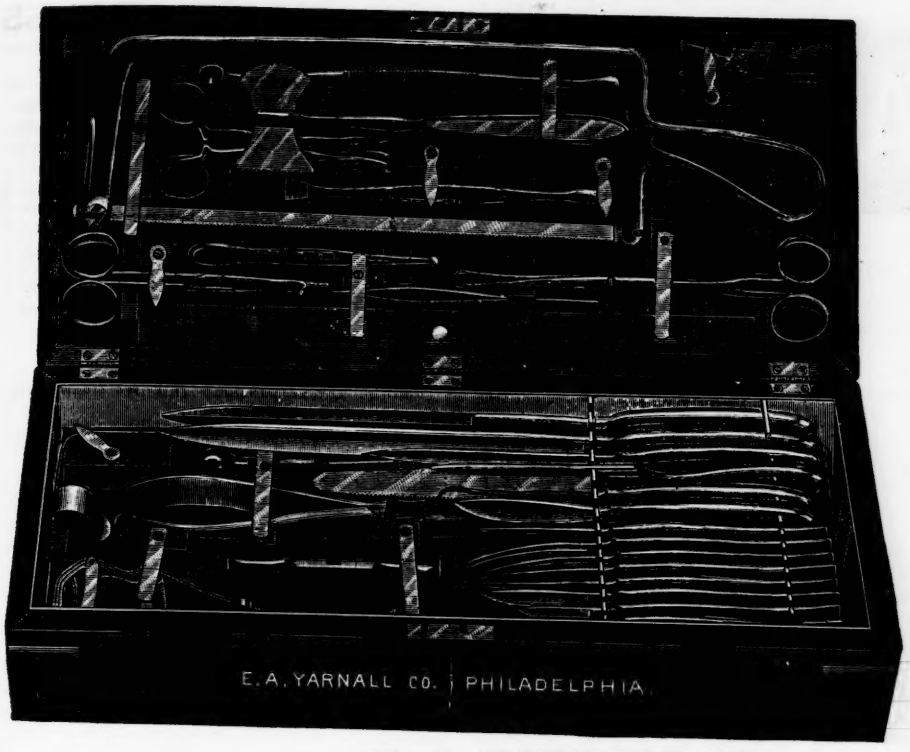

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Clinical Lecture.

ASEPSIS AND ANTISEPSIS IN ABDOMINAL SURGERY.[1]

BY E. E. MONTGOMERY, M.D.,
PHILADELPHIA, PA.

GENTLEMEN.—In the beginning of the course I feel that I cannot improve the time more wisely than in presenting to you some of the principles upon which successful work in the department of abdominal surgery must depend. I thus early enter upon the consideration of this subject, so that in your future study, you may be the better able to act as intelligent critics of what is, and what is not, proper technique in the performance of surgical procedure,—an intelligence that will be of great value to you in determining the causes of fortunate and unfortunate results.

By asepsis is meant careful exclusion of every possible means by which the wound might become infected. By antisepsis is meant the rendering of infectious material inert by contact with chemical agents. Owing to the sensitive character of the tissues with which we have to deal in the abdominal cavity, you can readily appreciate the fact that the greater portion of our measures brought into relation with this cavity must necessarily be those denominated aseptic. Every chemical agent, to be effective in the destruction of infectious material, must be so irritating as to render dangerous its contact with so delicate and active an absorbent surface as is the peritoneal cavity. In preparation for an operation the body of the patient is thoroughly cleansed with soap and hot water, every attention being devoted to the pit of the umbilicus and the external genitalia. Where the patient has been previously suffering from an inflammatory condition of the pelvis, which has led to the application of blisters, poultices, counter-irritants, and so forth; the surface should be carefully cleansed, in addition to the soap and hot water, with either ether or alcohol, taking care to remove all dead skin or other débris. It should then be washed with a solution of peroxide of hydrogen, and covered with a cloth wet with a solution of acid sublimate, 1–1,000, which remains until removed for the operation. The operator and his assistants, should thoroughly wash their hands with soap and hot water for several minutes, devoting special attention to the fingers and nails with the nail-brush. Their clothing should be such as has not been exposed to the retention of infectious material by contact with infectious patients; they should wear clean starched aprons, covering up all the clothing likely to come in contact with the patient. The arms should be bared to the elbow. After having cleansed the hands, they should again be subjected to disinfection, if by any inadvertence, they have had an opportunity to become soiled. The assistants should be so trained that they have constantly before them the fear of infection, and, in whatever emergency, would not touch any object that might lead to soiled hands. The instruments, it is understood, should be thoroughly cleaned every time after being used, should be kept wrapped in clean towels, and, when preparing for an operation, should be subjected for a short period of time to the influence of heat, either by boiling, steaming, or by dry heat at a high temperature; they should then be placed in trays and covered with hot water, which should be renewed from time to time during the operation. These trays, of suitable length, may be made of glass, porcelain, or porcelain-lined metal. The hard rubber and papier maché trays are not so suitable on account of the influence upon them of hot water. The trays named are not very convenient for tranportation, owing to particles being broken from

[1] Clinical Lecture delivered in the Medico-Chirurgical College, September 22, 1891.

them, roughening their surfaces and affording an opportunity for the retention of septic germs. A very acceptable tray is made by Mr. Lentz, of this city, of copper, plated with aluminum or nickel. A nest of these trays may be of such a size as to permit their being placed in the bottom of an ordinary surgical bag.

SPONGES.

The greatest care should be exercised in the preparation and care of the sponges, as they afford an excellent opportunity for the introduction of septic material. Sponges of a suitable character should be first pounded, the sponge wrapped in a clean towel, until all the lime and sand are broken up and dusted out of them; they should then be placed in a solution of muriatic acid, sufficiently strong to give a markedly acid taste; in this they should remain for twelve hours, when they should be washed frequently in water until the acid is thoroughly washed out; they may then be placed in a solution of hyposulphite of soda to which muriatic acid has been added. This causes double decomposition in which sulphurous acid and sulphur are set free; the organic material of the sponge is burned out and the sponges are bleached. After washing out all this solution, wash a number of times until the water is free from sulphur, then place in a 5 per cent. solution of carbolic acid until wanted for use. In performing the operation a definite number of sponges are placed in a basin and given into the hands of the nurse or other assistant, to be handed to the operator or his assistant as they may need them. This nurse should have two basins, in one of which the sponge is washed out and placed in the other in clean water. When the operation is completed the nurse should be asked the number of sponges, in this way determining whether any have been permitted to remain in the cavity. No one but the one individual should have charge of the sponges, so that there is no opportunity for any mistake as to their number. After an operation the sponges may be cleansed and used again; indeed, after ordinary aseptic operations, the sponges which have been used are equally as good, if not better, than new ones. Where the wound has been of a markedly septic character and the cavity contained pus, the sponges should not be again used in an abdominal operation, and where the condition is a very virulent one of peritonitis, it is better that the sponges should be destroyed. In recleansing sponges they are first washed out in water, in order to get as much of the blood out of them as possible, then washed with green soap, and rinsed in several waters; or the use of the muriatic acid or hyposulphite of soda be substituted.

SUTURES AND LIGATURES.

The material used for sutures and ligatures is usually either silk or animal ligature. Silver wire is now rarely used for either purpose. By some, the silkworm gut is used for sutures. For some time I have been very averse to introducing anything into the abdominal cavity and closing it up that is not readily absorbable. I have frequently seen the silk ligature remain in the abdominal cavity unnoticed for a number of months, or even years, and then, by its subsequent irritation and pressure upon the nerves within its grasp, give rise to great discomfort to the patient. In other cases, where the wound has been an aseptic one the ligatures may become infected and be a source of irritation, and the formation of a sinus. So long as the suture remains in place the sinus will continue, in some cases for months, and is only cured when the infected suture has made its exit. The catgut suture is absorbed and the patient experiences no further inconvenience from its presence. In the use of the catgut, however, I would reprehend the use of that usually found in the shops, as it is likely to become infected, and be a source of danger to the patient. A method of preparing the catgut is to take a suitable size, say the "C" and "D" string for sutures, and the "E" and "F" for ligation of the pedicle. These are prepared by placing the catgut in ether for from forty-eight to seventy-two hours, by which the fatty and extraneous material is dissolved out, they are then placed (when it is desirable to harden) in a five per cent. solution of carbolic acid, in which one grain of bichromate of potash is dissolved. The ligature remains in this for from forty eight to seventy-two hours, according to the size of the gut. It is then removed, washed in distilled water, and placed in alcohol until used. Every precaution must be observed in taking the catgut from the bottles that it does not become infected by unclean hands, by coming in contact with unclean trays, or by being dragged over blankets or other material before it is inserted in its proper place. Where silk is used, it, too, should undergo proper disinfection. This may be accomplished either by boiling the silk for an hour, or by placing it in a solution of 1–1,000 acid sublimate for from twenty-four to forty-eight hours, and then keeping it in alcohol until used. These matters seem to be of minute detail, and yet I can assure you that it is just the attention to questions of this kind that make the great or little surgeon. I have seen men make the most careful preparation of the room, of the furniture in it, of the patient, and then introduce into the cavity of the abdomen silk that had been procured directly from the store, without any preparation, or, that had been taken from a case and placed upon non-sterilized objects, such as a syringe case, or a dirty table in the room. Such a plan of procedure destroys all the benefit that would be derived from the other exceedingly thorough precautions. Better would it have been to have operated in an unclean room, than to have introduced ligatures and sutures of such a character.

For the operation, the patient should be placed on a suitable table, upon an ovariotomy pad, the abdomen bared, the body above and below the seat of the opening covered with blankets, and these covered either with towels wrung out of an antiseptic solution, or with towels that have been previously washed in such, and dried. Where the patient is at all depressed, it is better that the dry towels should be used, as they have a less depressing effect. They should cover the patient so that instruments, sponges, and suture material may be placed upon them without coming in contact with any infected surface. The wound in the abdominal walls is rapidly made, and bleeding vessels secured before the peritoneum is opened. Where the pelvis contains pus it is desirable that the intestines should be pushed upward, covered with flat sponges and held out of place during the time that the pus sacs are being enucleated. Should the sac rupture, its contents should be removed as quickly as possible without bringing them in contact with any more of the peritoneal surface than can be avoided. Care is exercised in introducing the ligatures that these shall not come in contact with any portion of the clothing covering the patient. It is better that the animal ligature should be covered with alcohol, as this keeps it from swelling up, and renders it more easily used in tying. The cavity of the abdomen may be irrigated

or not, according to the condition that has existed; if it has been soiled with pus it is desirable that irrigation should be done, while if it has simply been soiled by the amount of blood discharged from the wound, irrigation is unnecessary and is better omitted. Where irrigation is done the use of the chloride of sodium is preferable, as it is less irritating to the peritoneal cavity and causes less swelling of the peritoneum than the use of plain water. It is unnecessary to insist upon the thorough drying of the cavity from the fluid which has been thrown into it, for the peritoneal surface is a rapid absorbing one, and the fluid is readily taken up. Before introducing the sutures to close the wound, a sponge should be placed over the intestines, beneath the wounded surface, to absorb any blood that may result from the introduction of the needles for carrying the sutures. Before closing the wound we should consider the subject of drainage. When should it be practised and when omitted? It has been expressed by some in the following manner: "When in doubt, drain;" some, indeed, would drain in every case. It must be remembered that the peritoneum is a very extensive absorbing surface, unless it has undergone injury, as in the case where extensive adhesions have been torn up. It is capable of absorbing large quantities of fluid; indeed, it has been estimated that within twenty-four hours the peritoneum would absorb a quantity of fluid equal in weight almost to that of the body, consequently, in cases in which the injury to the peritoneum has been a simple one, the use of drainage is unnecessary, indeed, is only an increased opportunity for the entrance of septic material to delay the progress of the convalescence. In cases, however, in which marked denudation has taken place, in which the peritoneal cavity has been soiled with pus, or in which the operation has been prolonged, drainage is beneficial in affording vent for the serum that is exuded, and in affording us an opportunity to know the condition of affairs within the abdominal cavity. By its use hemorrhage is easily recognized and overcome before it produces a profound effect. The drainage tube consists of glass, usually carried down to the lower portion of the abdomen behind the uterus. Its apex is covered with a piece of rubber sheet or dam, by which the dressing may be preserved from contact with secretions. The tube should be emptied of fluid every one-half to one hour, according to the amount of exudation that takes place. The nurse should be very careful in emptying this tube to avoid the contact of the rubber tube of the syringe with the clothing of the patient, or with anything that may be a source of infection. The syringe, itself, should be thoroughly scalded out, and it, with the rubber tube, should be kept in a solution of acid sublimate during the intervals of emptying. As soon as the secretion becomes clean, and but a small quantity of it, the tube should be removed. The wound may be dressed with iodoform or iodoform gauze, but preferably, we think, with a piece of pro tective over the wound, then dusted with boracic acid, and covered with salicylated cotton, held in place by strips of plaster and a bandage. Before applying the dressing, the wound should be carefully washed with an acid sublimate solution. The dressing is permitted to remain for a week or ten days, when it should be removed, the wound carefully washed with a solution of peroxide of hydrogen, and the sutures removed. This matter of removal of the sutures is as important as is their introduction, in its antiseptic details, as we not unfrequently find that the patient is infected in the tract of the suture during its removal, and when a wound has been entirely free from suppuration during the progress of convalescence, it develops after the removal of the sutures.

From what I have said you will appreciate the fact, that success in the practice of surgery is obtained, as in every other department of life, at the price of eternal vigilance.

Original Article.

ON GENERAL FURUNCULOUS INFLAMMATION, AND FURUNCLE OF THE AUDITORY CANAL.—A NEW METHOD OF TREATMENT.

By LAURENCE TURNBULL, M.D., Ph. G.,

Aural Surgeon to Jefferson Medical College Hospital, etc., Philadelphia, Pennsylvania.

THE general furunculous inflammation has its origin in malaria, impure and damp air, defective sewerage, gout, rheumatism, neuralgia, and contagion from microbes. This latter is best noticed in the recurrent furuncles of the auditory canal. For a time I doubted this infection; but now I am fully convinced of the truth of the theory of M. Pasteur, and the careful and conscientious experiment of Dr. Lowenberg, who has artificially cultivated the micrococci of furunculi in the pus from the ears of several persons. This form differs very much from the ordinary abscess or boil, which is not apt to recur.

First, of general furunculous inflammations—these prevail mostly during the autumn and spring, and at times assume almost the character of an epidemic. A very large per cent. of the cases occur in adults. It is well-known that in damp seasons, with heat or extreme cold, persons become debilitated, and are more susceptible. In diabetes Dr. Lowenberg points out that we have a temperature favorable to the development of these organisms.

Our old method of treatment was the calcium sulphide, given in doses 1-20 to 1-10 of a grain, every two or three hours, with the addition of tincture of aconite to relieve pain. This method of treatment was found at times to modify the inflammation, and in some rare cases either to produce resolution, or, on the other hand, to hasten the suppuration. Incisions then followed into the elevated tender spot, being preceded by the application of moist heat or hot water. Dr. Lowenberg, immediately after cutting the furuncle, employs a solution in alcohol of boracic acid, or fine powder blown upon the part, after freeing it from blood or pus.

THE DIFFERENT FORMS OR CAUSES OF THIS MALARIAL DISEASE.

The impure air from defective sewerage has been shown, by the late Dr. Cassells, of Glasgow, to be a prolific cause of this and other acute affections of the middle ear. He has given us, in a paper, a large number of severe and protracted cases, penetrating even to the membrana tympani with perforation, ultimately relieved only by sending these patients to a pure, dry, and high altitude.

THE GOUTY FORM OF FURUNCLE.

It has been doubted by some if there is such a condition of the ear as gouty otitis; but this has been proved by my own observation, and those of Debout D'Estrées, in the *Medical Press*, July 11, 1888, as follows:

"Although better known than gouty parotitis, of which I published the first recorded case in 1885, gouty otitis is nevertheless one of the rarest manifestations of gout. Nothing, indeed, is commoner than tophi in the external ear; but nothing is rarer than gouty affections of the middle and internal ear. Dr. Garrod, however, claims to have met with a certain number of cases of concretions on the membrana tympani and the ossiculi; but he adds, it is true, that he had repeatedly examined these concretions, the existence of which had been insisted upon more particularly by Drs. Toynbee and Harvey (*a*) without having been able to detect the slightest trace of uric acid. It is impossible, therefore, at present, to affirm that the concretions in question are, in reality, the products of gouty inflammatory changes. Lécorché, in the chapter of this work devoted to gout in the various organs of the body, quotes the same authors without mentioning any personal experience in regard thereto.

"The following case is extremely interesting from several points of view. The patient, M. Antoine, of Metz, member of the German Parliament (who has authorized me to publish his case), had suffered a great deal of trouble due to political reasons. He is a strong, robust man, forty-two years of age. His parents are still living, and having never shown any sign of gouty diathesis, could hardly have transmitted the gravel and the gout to which he is now a victim. His digestive apparatus is in good order, and he leads an active and sober life, so that one would have thought him secure from the uric acid diathesis; but, as a matter of fact, he comes within the category of cases, of which thirty-five out of a thousand cases of gravel, brought by me before the Academy of Medicine in 1876, were due exclusively to the disastrous effects of violent emotion.

"Harassed in every way, imprisoned, and finally expelled from his native town, M. Antoine suffered severely in health, and became subject, first, to gravel, of which he had several attacks, and then to nephritic colic while in prison.

"In June last, I received a letter from my patient, dated from Luxemburg, in which he informed me that he had been suffering from extreme pain consequent on inflammation of the internal ear, the cause of which was obscure, for there was no suppuration at the neuralgic points at the cranium. The ear trouble was accompanied by visual derangements, which had persisted. I advised him to come to Contrexéville at once, especially as he was then suffering from an attack of gravel. Having examined him with the greatest care, I was enabled by a process of elimination to attribute the aural affection to the uric acid diathesis.

"I explained the reasons for my diagnosis to the patient, and quoted the case of parotitis in which the patient, after experiencing gouty manifestations successively in the right parotid gland, the left knee, the left parotid gland, and finally the right knee, was left with a single symptom, viz., a salt taste in the mouth. This salt taste, which could be produced by compression of the parotids, was due to the saliva, which proved to be laden with urates, and gave the murexide test.

"The patient at once exclaimed that he, too, had this salt taste in the mouth; but, curiously enough, it was limited to the affected side. I was very anxious to examine his saliva when the taste was noticed; but, unfortunately, circumstances rendered this impracticable. Nevertheless, the relief which followed the treatment, and the disappearance of the aural and visual troubles, authorize the belief that the lesions were due to gout, and that the latter was due to the effect of violent emotions."

Several cases have come under my own observation. One of these I visited in consultation with Dr. Shillito, in London, England, in which there was deafness from the deposit of gouty concretions in the membrana tympani, which deafness was removed by the opening of the Eustachian tubes and use of alkaline remedies as lithia, etc., and iodide of potassium.

A more recent case occurred in the neighborhood of Newport, this last summer. A lady, of apparently perfect health, was attacked with the foregoing gouty affection of the ear, which was most clearly manifested by the peculiar irritability of the meatus, attended with a slight serous or sticky discharge, with itching and pricking pain. The walls being somewhat swollen, with a tendency to deep redness, with swollen follicles. The patient informed me that it commenced with itching and fullness, pain intensely severe, and aggravated by any movement of the jaw; the immediate parts being exceedingly tender. She had some fever at first, but this had subsided, and had been freely blistered, and had taken calcium sulphide and aconite, etc., by the advice of her physician. Still the trouble continued, and her attending surgeon, who had been called in, after treating her for some time, thought it advisable to have a consultation, as he was afraid of serious mischief to the ear. The surgeon's anatomical knowledge would naturally lead him to know that the auditory canal, by virtue of its close connection with the mastoid cells and lateral sinus, always carries with it the possibility of serious danger.

In the inner part of the canal its lining membrane is also the periosteum of the bone. It is well known that an inflammation beginning in the meatus may spread to the membrana tympani, and in rare cases perforation takes place, and in this way it may be propagated to the brain. I therefore advised the cleansing of the ear with a solution of boracic acid in cologne water; to paint it with a solution of bichloride of mercury, 1–2,000 of a grain, to destroy all microbes; also, to keep the parts anointed with a preparation of yellow oxide of mercury with vaseline, but above all, the internal administration of the liquor potassii, "United States Pharmacopœia," which has been found to produce the most valuable results in the treatment of all forms of boils. The dose was 10 drops in a tablespoonful of orange water and mucilage, taken after meals, in water. For the neuralgia pain, which took place at night, 2-grain pills of the muriate of quinine, until four were taken. To relieve the noises, bromide of potassium in an elixir of cascaria. Great care in her diet; to avoid sweet wines, etc. In some ten days the ear was well. It attacked the second one, as I feared; this was owing to a previous want of care, or from the constitutional dyscrasia. The same treatment was followed out with entire success.

SEPTEMBER, 1891, 1502 WALNUT ST.

Society Notes.

A COLLECTIVE INVESTIGATION BY THE THERAPEUTIC SECTION OF THE PHILADELPHIA POLYCLINIC MEDICAL SOCIETY.

SWEET-OIL IN THE TREATMENT OF GALL-STONES,

WAS the subject of a paper read September 9, 1891, by THOMAS J. MAYS, M.D. The subject of the action of sweet-oil in the treatment of biliary colic and catarrh of the hepatic passages has recently been warmly discussed. There are many who regard this agent as being very much overrated, while many others believe that it has a very beneficial influence on this disease. In view of the divided opinions on, and the importance of, this matter, the Therapeutic Section of the Philadelphia Polyclinic Medical Society has, as a part of its scientific work, undertaken a special collective investigation concerning the clinical value of this drug in gall-stone colic. With this end in view, the undersigned committee was appointed, and directed to send a number of circulars to the members of the profession, of which the following is a copy:

"Sex and age of patient? Seat of pain? Jaundice? Previous attacks? Did you test any other remedy, and with what results? Result of treatment with olive-oil. Remarks."

To these circulars nineteen replies were received, and thirty-seven cases of gall-stone colic treated with olive-oil were reported. To these members of the profession the warmest thanks of this committee are due for the promptitude with which they responded. Additionally the committee imposed the task upon itself to collect as far as possible all the previously reported cases of biliary colic which were treated according to this method, and succeeded in gathering records of seventeen cases, making altogether a list of fifty-four cases, a condensed history of which is presented in the following table:

TABLE OF CASES.

No.	Sex and age.	Seat of pain.	Jaundice.	Previous attacks.	Use of other remedies, and results obtained.	Results obtained from the use of sweet-oil.	Remarks.	Name and address of observer.
1	F. 40	Right hypochondrium.	Yes.	Three or four.	None.	Six ounces taken in three hours. Relief in twenty-four hours.	No recurrence for more than three years, up to time of report.	H. T. Bahnson, Salem, N. C.
2	M. 50	Right hypochondrium.	Yes.	A great many.	Antipyrine hypodermically, with temporary relief.	One pint taken in two hours; complete relief.	No return for more than two years.	H. T. Bahnson, Salem, N. C.
3	F. 65	Right hypochondrium.	Yes.	Five or six.	None.	Half a pint taken in four hours; relief in 12 hours.	No return for more than three years. In two other cases the single large dose produced relief, but failed to prevent a recurrence of attacks.	H. T. Bahnson, Salem, N. C.
4	M. 46	Right hypochondrium.	Yes.	Three.	Chelidonium and dioscorea gave some relief	Quantity of oil given not stated. Remained well so long as he took it.	Used it in other cases of biliary troubles, and with good success.	G. R. Fortiner, Camden, N.J.
5	M. 34	Right hypochondrium.	Yes.	No.	Chelidonium without relief.	Quantity of oil given not stated. Administered it for ten days, when patient died.	*Post-mortem* investigation showed complete adhesive obstruction of bile ducts. Patient received a blow in hepatic region some time before.	G. R. Fortiner, Camden, N.J.
6	F. 28	Gastric region.	Yes.	Eight or ten.	Sodium phosphate without benefit.	One pint at a single dose. Complete relief.	No recurrence within a year.	J. J. Cox, High Point, N. C.
7	F. 49	Epigastrium.	Yes.	Six.	Sodium phosphate with some benefit.	Took the oil for four weeks. Dose not stated.	No recurrence; general condition much improved.	G. H. Franklin, Hightstown, N. J.
8	M. 67	Epigastrium.	Yes.	Twelve.	Sodium phosphate, after which a severe attack became less frequent.	Continued oil for six weeks. Dose not given.	No recurrence; improvement after oil surprising.	G. H. Franklin, Hightstown, N. J.
9	M. 45	Right hypochondrium.	No.	One a week for three months.	None.	Took the oil for four weeks. Dose not given.	One light attack since he began the oil.	G. H. Franklin, Hightstown, N. J.
10	M. 31	Right hypochondrium.	Yes.	Once every 3 weeks during 14 years.	Morphine and anæsthetics; temporary abatement.	Dose of oil not stated. Free from attacks for eleven months.	Her previous sufferings were intense, requiring large doses of narcotics.	A. B. Gloniger, Lebanon, Pa.
11	F. 35	Right hypochondrium.	Yes.	Uncertain.	None.	Dessertspoonful of oil every three hours. Relieved after second dose.	History of malaria; liver and spleen enlarged.	E. Lawney, Denver, Col.
12	M. 10	Right hypochondrium.	Yes.	One 5 years before.	None.	Dessertspoonful of oil. Pain relieved at once.	Also gave ammon. chloride, grain iij, and calomel $\frac{1}{12}$ grain t. i. d.	E. Lawney, Denver, Col.
13	F. 51	Hepatic and gastric region.	Yes.	No.	Yes; nature of same not mentioned.	Daily for two days 8 ounces of oil; no relief.	Patient died.	E. P. Bernardy, Philadelphia.
14	F. 72	Region of gall-bladder.	Yes.	No.	Yes; nature of same not mentioned; no benefit.	Nine ounces of oil for ten days without positive improvement.	Oil caused numerous alvine discharges, lightened the color of skin, and seemed to reduce size of gall-bladder.	E. P. Bernardy, Philadelphia.
15	M. 40	Right hypochondrium.	Yes.	Several, but none for 5 years.	Dioscorea, morphine, and atropine, with some relief.	Dessertspoonful every half hour with the most marked relief.	Regulated diet, and gave sodium phosphate, etc.	Theo. G. Davis, Bridgeton, N. J.

No.	Sex and age.	Seat of pain.	Jaundice.	Previous attacks.	Use of other remedies, and results obtained.	Results obtained from the use of sweet-oil.	Remarks.	Name and address of observer.
16	F. 30	Over abdomen.	Yes.	One, possibly two.	Calomel, sod. bicarb. and morphine, slight relief.	Dessertspoonful of oil every three hours; complete relief after second dose.	Stools contained concretions.	E. H. Bidwell, Vineland, N. J.
17	F. 55	Right hypogastrium.	Yes.	Yes.	Morphine and atropine hypodermically, with what results not stated.	Gave six ounces of oil, and relief came in an hour. Following day slight attack; ten ounces. No recurrence.	The intense vomiting from which she suffered ceased after the oil was taken.	Ch. Pottberg, Philadelphia.
18	M. 40	Right hypochondrium.	Yes.	Several.	Silver nitrate, regulation of diet and water with good results.	Dose of oil not stated. Negative results.	Examination of feces after oil showed contents of soapy concretions.	J. Daland.
19	M. 50	Right side of abdomen.	Yes.	At least two.	Chloroform inhalation and sodium bromide; did not obtain decided relief until oil was taken.	Relieved after taking three doses (size not stated) of oil.	The oil appeared to relieve him, but he may also have been helped by the chloroform.	.....
20	M. 46	Over gall-bladder on pressure.	Yes.	Two.	Not stated.	Ten hours after taking one quart of oil in divided doses, two large gall-stones discharged in the stools. Steady improvement.	Bowels had not been moved for four days before the oil was taken. Singultus existed for twelve hours before bowels moved.	A. F. Magruder, U. S. N., Wash., D. C.
21	M. 52	Over gall-bladder.	Yes.	For years at intervals of from 4 to 6 months.	Nature of not stated; temporary relief.	Half-ounce doses of oil every five hours for about a month before report was made.	Too early to judge the effects of oil. General health better than for two months.	J. D. Dewitt.
22	F. 40	Right hypochondrium.	Yes.	One about 2 months before.	Morphine, quinine, atropine, calomel, etc. Not the prompt relief obtained with the oil.	Dessertspoonful of oil every four hours. Improvement at once.	No recurrence so far as known. Gall-bladder diminished in size.	Thos. J. Mays, Philadelphia.
23	F. 45	Right hypochondrium.	Yes.	Periodically for a number of years.	Morphine and atropine hypodermically gave slight temporary relief.	Dessertspoonful of oil every three hours, with decided relief.	No attack since so far as known.	Thos. J. Mays, Philadelphia.
24	M. 20	Not known.	Yes.	During previous 3 months.	No.	Dessertspoonful of oil three times a day with prompt relief,	No return so far as can be learned.	Thos. J. Mays, Philadelphia.
25	M. 27	Right hypochondrium.	Yes.	Periodical during previous year.	Not by observer.	Dessertspoonful of oil four times a day with gradual relief.	No recurrence.	Thos. J. Mays, Philadelphia.
26	M. 67	Right hypochondrium.	No.	No.	None used.	Dose of oil not given. Complete relief.	Hard concretions like gall-stones passed freely for ten days after taking the oil.	C. R. Early, Ridgway, Pa.
7	F. 35	Right hypochondrium.	Yes.	Very frequent.	Morphine, mercury, and potassium iodide; good results.	Dose of oil not stated. Good results.	Perfectly well in three or four weeks after taking the oil.	C. R. Early, Ridgway, Pa.
28	M. 23	Right hypochondrium.	Yes.	Yes.	Potassium chlorate, sodium bicarbonate, and ipecac.; good results.	Dose of oil not stated. Cured in two weeks.	No recurrence for three years.	C. R. Early, Ridgway, Pa.
29	F. 50	Right hypochondrium.	Yes.	Yes.	None by observer, but by other physicians.	Dose of oil not stated. Found relief in two days.	No recurrence; treated forty years ago. Treated many similar cases during this time.	C. R. Early, Ridgway, Pa.
30	F. 54	Right hypochondrium.	Yes.	Quite a number.	Of everything else he tested chloroform seemed to give the best results; relief temporary.	Six ounces of oil in two equally divided doses, half an hour apart. Gave oil at three different times. No symptoms for two years.	Passed a large number of calculi. Enforces a rigid dietary in all these cases. Allows no sugar, starchy or fatty food.	D. P. Boyer, Philadelphia.
31	M. 60	Right hypochondrium.	Yes.	A number during 3 previous years.	Sodium phosphate, chloroform, morphine, and succinic acid; no satisfactory resulst.	Same dose as in previous case. Relieved two attacks two months apart.	No recurrence since second attack, which occurred a year and a half ago.	D. P. Boyer, Philadelphia.

No.	Sex and age.	Seat of pain.	Jaundice.	Previous attacks.	Use of other remedies, and results obtained.	Results obtained from the use of sweet-oil.	Remarks.	Name and Address of observer.
32	F. 22	Right hypochondrium.	Yes.	Two.	Sodium phosphate, morphine, mineral water, etc., seemed to relieve first, but not second attacks.	Only received the oil for two days, when she was entirely relieved. Passed a number of calculi.	Treated about ten cases with the oil, and in all there was either a cure or benefit.	D. P. Boyer, Philadelphia.
33	M. 42	Right hypochondrium and in epigastrium.	Yes.	None.	Tested numerous cholagogues without benefit.	Six ounces of oil at night, followed next morning with laxative. Relief.	Discharge of biliary calculi. No recurrence.	Ed. R. Mayer, Wilkesbarre, Pa.
34	F. 40	Right hypochondrium.	Yes.	About two a year for 15 years.	Not by observer.	Six ounces of the oil gave prompt relief. This was the last attack the patient had.	Insists on a rigid dietary. Cholagogues, Carlsbad water, etc., as preventatives.	Ed. R. Mayer, Wilkesbarre, Pa.
35	M. 58	Right hypochondrium and right shoulder.	Yes.	No.	Not by observer.	Same dose of oil in the evening and purgative in the morning. Complete relief after fourth dose. No recurrence.	Gall-bladder was so distended with calculi that it could easily be mapped out. Treated about 35 cases of gall-stones during last 14 years with olive oil, and in every instance the severity of the attack was mitigated by the first and entirely relieved by third or fourth dose.	Ed. R. Mayer, Wilkesbarre, Pa.
36	F. 42	Right hypochondrium and back.	Yes.	Suffered for 10 years off and on.	Sodium phosphate, gave temporary but no permanent relief like the oil.	Tablespoonful of oil every three hours for about one month; after an interval gave it again, but less frequently. Pain ceased at onee after oil was administered.	No recurrence; passed a calculous in feces weighing 40 grains.	J. S. Baer, Camden, N. J.
37	M. 68	Epigastrium and right hypochondrium.	Yes.	Two.	Opium and ether only gave temporary relief.	Dessertspoonful doses of the oil gave prompt and decided relief.	No recurrence.	H. C. Bloom, Philadelphia.
38	F. 42	Region of gall-bladder.	Yes.	Yes.	Morphine hypodermically and by the mouth; ether inhalation and hot poultices, without relief.	Half an hour after swallowing from half to three fourths of a pint of oil the pain ceased abruptly.	First three passages after oil contained two gall-stones; has had two slight attacks since which did not require medical interference.	D. D. Stewart, Med. News, Nov. 23, 1889.
39	F. 45	Right hypochondrium.	Yes.	Yes, for 12 years.	Morphine and atropine hypodermically; hot water, etc.; relief for two hours, when pain returned as severely as before; morphine gave no relief.	Forty-five minutes after being able to retain five ounces of *cotton-seed* oil, pain diminished, and ceased three hours later.	Subsequent attack also relieved by the oil. Fifth day after last attack passed a calculus as large as a beech-nut.	D. D. Stewart, Med. News, Nov. 23, 1889.
40	M. elderly.	.....	Yes.	For some years.	Usual remedies, without relief.	Six ounces of oil at bedtime, followed by castor-oil next morning. Passage of gall-stones. Relief.	In two days another paroxysm of pain was threatened. Ordered oil two following nights. Saw her four months after. No recurrence.	R. Kennedy, Kingston, Can. Lancet, 1890, vol. ii., p. 456.
41	F. adult.	.....	..	For years.	Not stated.	Full doses of oil for two consecutive days. No return.	Passed a large number of calculi. Relieved two other cases of gall-stone colic with the oil.	R. Kennedy, Kingston, Can. Lancet, 1890, vol. ii., p. 456.
42	F. 40	.....	..	Yes.	Treated by other physiciaus without relief.	Eight ounces of oil at bedtime, and following morning, after last a dose of castor-oil. Relief.	Evacuated several small gall-stones.	Dr. Gay, Buffalo, Buff. Med. and Surg. Journ., vol. vi., p. 214. 1866-67.

No.	Sex and age.	Seat of pain.	Jaundice.	Previous attacks.	Use of other remedies, and results obtained.	Results obtained from the use of sweet-oil.	Remarks.	Name and address of observer.
43	M. adult.	.....	.	Third attack.	Morphine hypodermically to allay pain.	Eight ounces of oil night and morning, followed by a dose of podophyllin. Relief.	Says that olive-oil is as much a specific in gall-stone colic, as sulphur is in scabies.	Dr. Gay, Buffalo, Buff. Med. and Surg. Journ., vol. vi., p. 214, 1866-67.
44	F. adult.	Pain in epigastrium.	Yes.	Yes.	Was treated for scirrhus of the liver by other physicians. Received 60 drops of McMunn's elixir of opium with only temporary benefit.	Eight ounces of oil for two consecutive nights. Evacuated calculi. Relief.	Success in this case led him to use it in another which is not fully described.	Ira Hatch, Chicago, Ill., Chicago Med. Examiner, 1867, vol. viii., p. 469.
45	.. adult.	.....	..	At least one attack before.	One-eighth gr. doses of calomel; bowels moved; no relief; patient vomited everything. Obtained no relief from other treatment.	Two pints of oil in divided doses. Relief. The oil was the only thing which would remain in stomach.	An operation had been suggested, but with the improvement it was abandoned.	F. W. Langdon, Cin. Lancet, Clinic., 1890, p. 191.
46	F. 36	Liver enlarged and sensitive; gall-bladder enlarged.	..	Almost daily for 5 years.		Large doses of oil for two weeks. Relief.	Free from attacks for 18 months, up to the time report is made. Passed hard concretions.	S. Rosenberg, Therapeut. Monatshefte Dec., 1889, vol. iii.
47	F. 37	In hepatic region; enlarged liver.	Yes.	At least for 5 months, attacks occurred during menstrual periods.	Cathartics and other agents brought no relief.	Twenty-four hours after the first large dose of oil pain disappeared, and in a few days the liver diminished in size.	About two months after this attack there was a slight return checked with one dose. No recurrence and a general improvement.	S. Rosenberg, Ibid.
48	F. 38	.....	..	For 9 years; latterly once a week.	Mineral-water cure without benefit.	Large doses of oil relieved her, excepting a slight soreness in region of liver which was cured with 15 grs. sodium salicylate three times a day.	Passed a biliary calculus. Free from pain to time of the report—about one year.	S. Rosenberg, Ibid.
49	F. 48	In region of gall-bladder.	Yes.	Several attacks.	.....	Large doses of oil followed by two passages and relief within twenty-four hours.	Passed large number of concretions. The attack occurred with each menstrual period for some time before she took the oil.	MM. Chauffard et Dupré, Société Médicale des Hôp. de Paris, tom. v., 1888.
50	F. 62	.....	Yes.	For 12 years.	.....	Large dose relieved her for eight days, but the final results are of a doubtful character.	.....	MM. Chauffard et Dupré, Ibid.
51	F. 50	.....	Yes.	For a number of years.	.....	Large doses of oil were followed by local and general improvement.	.....	MM. Chauffard et Dupré, Ibid.
52	F. 45	In hepatic region.	Yes.	At least three attacks.	.....	Large doses of oil followed by beneficial results.	The pain in the hepatic region disappeared, and the colic was cured.	MM. Chauffard et Dupré, Ibid.
53	F. 58	In hepatic region.	Yes.	A number of attacks.	.....	Large doses of oil followed by relief.	Passed a large number of concretions. Pain and swelling in liver disappeared.	MM. Chauffard et Dupré, Ibid.
54	F. 43	In hepatic region.	Yes.	Six attacks.	.....	Large doses of oil followed by relief.	The attacks of biliary colic were associated with nephritic colic, and with the discharge of a urinary calculus, biliary calculi passed at the same time.	MM. Chauffard et Dupré, Ibid.

An analysis of these fifty-four cases shows that there were about one-third more females than males who suffered from gall-stone colic; that two died; that in three negative results were obtained, and that in fifty, or in 98 per cent., positive relief was afforded. These results make a better showing still, when we consider that one of those who died was suffering from adhesive obstruction of the bile-ducts—a disease which no procedure, either medical or surgical, could have remedied. Nor do these figures give us a true estimate of the favorable action of olive-oil in this disease; for two of the observers state that they have treated forty other cases of biliary colic without a failure, but of which they had kept no record—making in all a collective return of eighty-nine cases—showing the great value of this drug.

These cases illustrate, then, the positive efficaciousness of sweet-oil in the treatment of gall-stone colic, and the question naturally arises, therefore, as to the manner in which this agent acts. Dr. Rosenberg's experiments ("Ueber die Anwendung des Olivenöls bei der Behandlung der Gallensteinkrankheit." *Therapeutische Monatshefte*, December, 1889, S. 542) demonstrate beyond a doubt that it largely increases the quantity of bile secreted, while at the same time it diminishes its consistency. But how does it accomplish this? Does it stimulate the biliary channels by coming in contact with their openings into the alimentary canal? Or is it decomposed into fatty acids and glycerine through the instrumentality of the pancreatic juice, and does the "glycerine so liberated exert in the duodenum an action similar to that which takes place when it is introduced into the rectum," causing a powerful reflex peristalsis—an ingenious theory suggested by Dr. D. D. Stewart?[1] Or does it act in accordance with the hypothesis formulated by Virchow, who shows from his own experiments (*Therapeutische Monatshefte*, 1890, S. 86) that it is absorbed from the alimentary canal, is excreted by the liver, and is thrown into the bowels again through the biliary passages? The last of these theories appears to be most rational, because it explains certain well-known features in its action, and also places it on a level with the action of other cholagogues. We may conceive, then, that the beneficial influence of oil consists not so much in dissolving the biliary concrements, as it does in increasing the biliary excretion, in flushing, and in lubricating and washing out the passages of the liver.

Another point of interest in this collection is as to the proper dose of the oil. Are the large doses necessary which were administered to most of the cases in this collection? It appears not, for eight of the cases (Nos. 11, 12, 15, 16, 22, 23, 24, and 25) received only dessertspoonful doses every three or four hours, and apparently with the same prompt and positive relief as that which was afforded by doses of from five ounces to one and two pints. If this should be confirmed by further experience, it would be a great practical gain, in view of the fact that a great many persons show a strong aversion to all kinds of oil, especially if they are to be taken in large quantities.

Furthermore, according to the observation of Dr. Stewart (Case 37), it does not appear to make any difference whether olive or cotton-seed oil is used. Indeed, it is well known that much of the oil which is sold as olive is, in reality, refined cotton-seed oil; and Dr. Stewart's observation tends to show that in all probability any bland oil will have the same effect on the disease under consideration.

In conclusion, the committee desires to congratulate the Polyclinic Medical Society on the selection of a subject for collective investigation which has proven so fruitful of practical results as that which is embodied in this report; and expresses the hope that it may continue its good work of testing therapeutic agents in a clinical way. It is true that animal experimentation often points out the path in which the usefulness of a drug lies, but clinical and collective research, is after all, the crucial and final test of all true therapeutic progress.

THOMAS J. MAYS, M.D.,
HOMER C. BLOOM, M.D.,
Committee.

DISCUSSION.

DR. WILLIAM S. STEWART: I wish to show the Society a stone which was obtained this summer from a lady between seventy and eighty years of age. She had suffered with periodical attacks affecting the bowels and passing off with simple treatment. On the last occasion she suffered excruciating pain in the region of the cæcum, and I was sent for. Thinking there might be some inflammatory affection in this region, and that possibly abdominal section would be necessary, and finding a mass in the right iliac region, I placed her in the knee-chest position and gave her a very large injection. After as much as possible had been injected, I had her sit on a jar. Not experiencing relief, I continued the injections while she was in this position, using flax-seed tea. This was continued for five or ten minutes. She was then put to bed, and another large injection given. I then left her, and shortly afterward she got up and this huge gall-stone was passed. (About the size of a hen's egg.)

Some twenty-five years ago my attention was directed to the method of treatment by olive-oil by a lady from California. I had seen her some time before in a debilitated condition from frequent attacks of biliary colic. I inquired the cause of the improvement, and she told me that she went with a friend to see a quack, who at once told her that she had gall-stones, and directed her to take half a pint of sweet-oil in the evening, and to rub the right side frequently during the night, telling her that when her bowels were opened she would pass many gall-stones. It happened just as he said, and she had entire relief. Since then I have taken advantage of this hint.

I use the spirits of chloroform in combination with olive-oil during the period of attack, and recommend that the oil be continued in doses of two tablespoonfuls before each meal, for a period of several weeks afterward. In this connection I recall to mind an amusing occurrence that happened in the army. A soldier was suddenly taken with biliary colic, and the assistant surgeon, an ignorant man, who had been promoted from the position of hospital steward, was called. He at once prepared a dose of chloroform, and taking it to the patient, said: "Take this. It may do you good, or it may kill you. Try it."

DR. JOHN C. DA COSTA: My results with olive-oil have not been so brilliant nor so quick as those reported in the paper. Opiates and chloroform will relieve the pain, but phosphate of soda does not seem to act as well as reported. Calomel between the attacks acts well; corrosive sublimate still better. One case will illustrate what I have to say. A hysterical woman has had at least five or six attacks in two years. I was disposed to think that all the attacks

[1] "A Suggestion as to the Action of Olive or Cotton-seed Oil in Gall-stone Colic." By Dr. D. D. Stewart. *Medical News*, November 23, 1889.

were not due to gall-stones until she brought me the stones which she had just passed. She was treated with olive-oil in half-pint doses. Since then she has had four or five attacks. In the last two she did not consult me until they were over. She takes half a pint to a pint of olive oil at one dose, and lies down. In twelve or fourteen hours (not two or three, as in some of the reported cases) she is relieved. The oil seems rather to lengthen the interval between the attacks.

DR. M. PRICE: The committee deserves great credit for its thorough investigation, but I cannot see the brilliant results referred to. In my experience I have not found the spasm of biliary colic to last many hours. How olive-oil can relieve the pain, unless it is by a lubricating process, I cannot understand. Many stones are of a soft, non-irritating nature, and if the spasm in the gall-duct is relieved, there is no trouble; the stone passes readily, except when the duct is inflamed. Within a month I have seen two post-mortems. In one, a man, there were found two hundred and fifty gall-stones in the bladder. The man had never had an attack. In the other, that of an old lady with cancer of the kidney and a stone in the kidney, the gall-bladder contained five or six ounces of grumous fluid and a number of soft gelatinous stones. She had never had any symptoms referable to the gall-bladder. There is another form of stone in which the treatment could be of no benefit, and that is, in those hard ones which we see in cancer, and which in many cases, I think, are the cause of cancer of the liver. Where the stone is large and produces constant irritation, there can be no possible benefit from any treatment except tremendous doses of morphine. The stones which I show you are hard, and were removed by section.

The history of the cases reported is of this character. You prescribe a remedy to which the patient submits and endures the pain until the spasmodic period of the disease passes. Chloroform and morphine during the continuance of the spasm seems to be the only rational treatment.

In this whole series of cases has there been a post-mortem? It is very difficult to say when you have a patient suffering with spasmodic pain in the region of the gall-bladder that it is due to gall-stones. Four or five years ago I saw a traveling minstrel who had had attack after attack, and had been treated by the best surgeons in the country for gall-stones. He had received olive-oil and many other methods of treatment. I said to him there was no use of doing anything until we found out what was in the gall-bladder. I operated, and after breaking up adhesions reached the gall-bladder and found it perfectly healthy. The patient was completely relieved. His symptoms had simulated gall-stones so much that many surgeons wanted to open him for gall-stones.

In regard to cases of obstruction of the gall-duct.[1] There are cases simulating gall-stones which are not relieved by medical treatment, but which could be relieved without trouble by abdominal section. It has been suggested by one of the best surgeons in this country to open the abdominal cavity and drain the gall-bladder, then to take a rubber ligature and unite the duodenum or ileum to the gall-bladder, and then with a whipped suture, unite the peritoneum of the bowel to the peritoneum of the gall-bladder. In the course of three or four days a fistula forms and then the abdominal opening can be closed with silk-worm sutures previously introduced. There is no question that gall stones of the size that I have shown should be removed. It is my firm belief that gall-stones of this hard, irritating nature may in time produce malignant disease of the gall-bladder or of the gall-duct.

I think, with Dr. Mays, that the explanation of the benefit of olive oil, if it exerts any, is to be found in the lubricating and stimulating qualities of the oil, and that it relieves spasms simply by its purgative effect. I cannot see where the benefit can come in. It has no solvent effect, and it cannot remove a stone whose diameter is ten times that of the gall-duct.

DR. JAMES B. WALKER: In my experience, the question is not so much what will relieve the attack, as what will prevent its recurrence. If one would send out a series of questions in regard to the usefulness of any particular agent in gall-stones, would he not receive replies very similar to those given to-night? Take calomel, or any other agent which acts as a laxative, and it will terminate an attack of gall-stones, if it is a terminable attack. The question is, What will prevent recurrence? So far as this report goes, it seems to give to olive-oil a favorable position as an agent for preventing recurrence. This is the most favorable report that I have seen. Still these are not exceptional results. We meet with cases of gall-stones where the attack is never repeated. Unquestionably, in many cases the recurrences are due to the number of gall-stones. Sometimes, however, the attack terminates without the discharge of the stone, and yet there is no recurrence for months. I have a patient who recently passed a calculus, resembling a mulberry both in shape and appearance; he passed this after a number of attacks under my observation. The attacks were treated with morphine and calomel, followed by phosphate of sodium and nitro-muriatic acid. After each attack there would be a return to health for a period. In at least ten attacks, the feces were examined without result. At times a detritus was found, looking like a crumbled stone. This was found in the last attack, and it was thought that the stone had crumbled and passed; however, the following day another severe attack occurred, in which blood was passed, and in the center of a clot of blood was found the calculus, as large as the last joint of the index finger, and without facets. This was, unquestionably the cause of all the trouble.

I believe that any laxative agent which will promote peristalsis and free biliary discharge will relieve the immediate attack if the stone can escape; then some agent to relieve the catarrh of the duodenum and the hepatic catarrh will be required. I have used olive-oil in several cases, but my experience has not been satisfactory. The case just referred to received six ounces of olive-oil on two occasions without benefit; other patients have received equal doses without success. The best remedy that I have found for old, recurring cases, where there seems to be an impacted stone, and where even cancer has been suspected, from the cachexia, is spirits of chloroform. In two cases, sisters, seen at intervals of five years, this seemed to be the agent that turned the tide of events after repeated efforts with other remedies. I gave it in teaspoonful doses three times a day. The cases immediately changed their character, the jaundice disappeared, and improvement in the general health took place. I believe the chloroform, which is known to increase the liquefaction of the bile, is of value in these cases; this, with phosphate of sodium, or some other sodium salt, or, where the patient is wealthy enough, a visit to the Carlsbad Springs. Here the waters are taken with a strict dietary for three weeks;

[1] In the doctor's report of the case of stricture of the gall-duct with death, the post-mortem found no stone; in this case it was stricture, and not stone, under treatment.

when the patient is emaciated to a certain degree, he is sent to some other place for recuperation, to return for three successive years. This will often effect a cure. I have a patient who has been benefited by this course. After her return from the first visit to Carlsbad she had three attacks during the year; after the second she had two, and her general health was excellent. She is now returning from her third visit.

Dr. Streets, of the navy, has mentioned to me an interesting case where he used olive oil. The patient, a sailor, was seized with an attack of gall-stones, and was at once put upon the use of olive-oil. The discharges were saved, and there were obtained a number of soft, pulpy bodies, which had a very odd appearance. They were somewhat globular, and not faceted. These were placed on a surface so that the oil could be absorbed, and they shrunk in size, showing them to be faceted gall-stones. It seemed as though the oil had penetrated these in some way, either before or after leaving the biliary duct. They were unquestionably gall-stones.

Dr. A. B. Hirsh: There is possibly one class of cases in which exception might be taken to Dr. Price's remarks in regard to having a remedy that would obviate future attacks, that is, those cases of distortion of the anatomy of the parts where no operation would avail. In the majority of cases of cholecystotomy we allow for drainage for some time, in the hope that the habit of inspissation of bile may be overcome. Those cases in which peritonitis is associated with resulting obstructive bands, and where, after closure of the fistula the symptoms recur, are not satisfactory ones to deal with. I have met with several such cases, and in these any remedy that offers a promise even of relief should be welcomed.

In regard to the cases reported by practitioners who see but few, and then only at long intervals, there often remains some doubt as to the correctness of their diagnosis. Dr. Porter published in the St. Louis *Weekly Medical Review*, in the spring of 1889, a paper in which he analyzed a large number of such cases reported of supposed relief of gall-stones by the use of olive-oil; he appeared to show that the treatment had no scientific basis; that the cases had not been followed sufficiently long, and that, if anything, the observers had been careless in taking notes.

Dr. Mays: I am here, perhaps, as the innocent champion of olive-oil in the treatment of this disease. Having had some very favorable results from its action in three cases of gall-stones, I proposed the subject to the Polyclinic Medical Society for further investigation. From my own experience with it, I think that we ought to be very careful and not make any dogmatic statements concerning the action of this oil. Even if we do not know how an agent acts, we are warranted in ascribing some usefulness to it if it does the work which was intended it should perform, and especially if we were unable to accomplish this with anything else. I believe the cholagogue action of olive-oil has been denied this evening, and in answer to this I would say that Rosenberg's experiments, which show its powerful influence on the biliary secretion, have been before the profession for at least a year and a half. Rutherford found that sodium salicylate was one of the best cholagogues, but the former demonstrated that the olive-oil excelled the latter agent as a biliary stimulant. In view of this influence, it is easy to see how it acts in this disease, and it is also easy to see how the sodium salicylate acts beneficially in similar cases.

Dr. Price seems inclined to doubt that the concretions which are evacuated after the oil is administered are true gall-stones. This is, of course, difficult to determine in many of the cases which are reported, but at least in one instance (Dr. D. D. Stewart's case) the concretions were examined by Dr. Leffmann, and by him pronounced true gall-stones.

I can hardly agree with the opinion of Dr. Walker that the sending out of inquiries concerning the action of any agent in biliary colic would have brought similar favorable replies. There is too much unanimity, I may say, in the reports favorable to the action of the oil to give the least countenance to such a belief. Besides, we endeavored to guard against this very uncertainty. The circular asked expressly whether any other agents had been given, and with what results. In the great majority of cases, all the known remedies had been tried, with doubtful results, or with failures. Many observers stated that no agents had given such signal relief as sweet-oil.

If we believe in the efficacy of cholagogues to relieve the attacks of biliary colic, and are in search of an agent having a similar action to prevent their recurrence, then I think it is useless to advocate the action of chloroform in this disease, as has been done to-night. So far as I know, chloroform is not a cholagogue, but may act by relieving the spasm of the gall-ducts, and by having a solvent action on the calculi. I can more readily see how olive oil would prevent such recurrence, since it is one of the best stimulants to the hepatic secretion that we possess.

The Polyclinic.

LEAVES FROM A PRACTITIONER'S JOURNAL.

Stramonium for Hystero-epilepsy.—A widow, thirty-three years old, had had epilepsy for several years; the affection dating from a miscarriage. The fits were of the *petit mal* type, never severe, and occurred most frequently about the menstrual period. Nothing abnormal could be discovered about the genital apparatus. The attacks were accompanied with very singular manifestations. At one time, an attack coming on in the street, she disrobed, and came home nearly nude, leaving her clothes on a step. No erotic tendency was present. Bromides were given with a free hand, pushed to the production of muscular debility; but no benefit ensued. For four months she has been taking the following prescription:

℞.—Potassii bromidi..... ℥iss.
Ext. cascaræ sag. (P. D. & Co.)... ʒij.
Ext. glycyrrhiz. fl. ..... fʒij.
Ext. stramonii sem. fl..... ʒss.
Aquæ.....q. s. ad ℥iv.
M.—S. fʒj four times a day.

The extract of stramonium is a tincture made from seeds gathered last fall by myself and covered with alcohol; four fluid ounces being obtained from four ounces of the fresh seeds. During the time she has taken this prescription the patient has had no fits, except once, when she had neglected to have her medicine renewed.—*Waugh.*

Transmission of Pus producing Material.—A lady passed safely through her first confinement, but two months later suffered with a hordeolus on the lower left eyelid. This was followed by another on the upper eyelid, just opposite. Then came a transfer—by the fingers, I believe—to the right breast, and a small abscess close to the nipple. The

baby then appears to have gotten some of the pus into the left nasal duct, for his left eye (the one that lay on the suppurating breast) became inflamed, and suppuration appeared in the orbit, forcing the eye almost out of the socket, and discharging from the nose and through the gums into the mouth. Then the mother's left breast became inflamed, and a similar abscess resulted.

Under antiseptic treatment, in which Marchand's peroxide of hydrogen figured largely, all these suppurations ceased; and the child's vision appears to be unimpaired. But the pus production lingered in the deeper portions of the nasal tract, until the peroxide was applied pretty liberally, with a syringe.

It may be well to add that for injecting peroxide the Koch syringe should be used, as the leather piston of the ordinary hypodermic soon melts away under its influence.—*Waugh.*

ABUSE OF ANALGESICS.—With all such general relievers of pain as morphine or phenacetine, there is danger in the too universal applicability of the drug. One is tempted, in the hurry of a busy life, to prescribe for the pain, homœopath-like, without seeking for the cause. An instance: A lady suffered periodically from pain in the back, of a sickening character, meaning always at least a week in bed, and a varying period of wretchedness following, until suddenly she would find herself free. The meaning was found in an ovary in Douglas' cul-de-sac; a very tender, irritated ovary, that could not be touched without inducing exquisite pain. But in the genu-pectoral position, gentle manipulation replaced the organ, and tampons of wool soaked in glycerine subdued the congestion and retained the ovary in place. Very simple and easy; but why did not the able practitioners who had charge of the patient previously do this, instead of resorting to that refuge of lies, the hypodermic syringe?

—*Waugh.*

UTERINE DISPLACEMENTS THAT CANNOT BE RETAINED BY PESSARIES.—There are many women whose tissues are so fragile that hard pessaries cannot be worn more than a few days without injury. One of this class came to me recently. For over a year she had been worrying with a retroflexed womb, and had, literally, pessaries by the dozen; but in every case, after two or three days of comfort, leucorrhœa, abrasions of the mucous membrane, deepening into ulcers, backache, pain and tenderness of the uterus, ovarian aching, and the rest, made their appearance. The supporters were thrown aside, and balls of wool substituted; at first soaked in glycerine, and, when all tenderness had disappeared, covered with an ointment of tannic acid in petrolatum. The change in that dame's appearance for the better in one week was startling, to any one who did not know how quickly a neurotic woman re-acts when a chronic source of irritation is removed.—*Waugh.*

PARAFFINE IN DIPHTHERIA.—We have had an outbreak of diphtheria in this city since last April, and although the disease has been greatly checked by the prompt action of the sanitary authority in closing one of the elementary schools, yet some hundred cases have occurred. I have treated thirty cases—children and adults—with paraffine, and have had the satisfaction of seeing every one recover. My plan is to ask for the ordinary paraffine used in lamps, and having scraped off the diphtheritic patch to apply the paraffine to the inside of the throat every hour with a large camel's-hair brush. As a rule the throat gets well in twenty-four to forty-eight hours, and with improvement in the throat the paraffine is applied less frequently, but I continue its use for two or three days after the complete disappearance of the patches. In three very severe cases I found that, as the diphtheria gradually disappeared, tonsillitis supervened, which I treated in the ordinary way.

I find from experience that it dose not do to allow the paraffine to stand in an open vessel; it seems not to have the same curative effect if exposed long to the air. It should be poured out from the can each time it is used.

I can speak definitely as to the therapeutic effects, but am unable to state what the chemical action of paraffine on the diphtheritic membrane is; I can only suppose that the hydrocarbons in the liquid exert some powerful influence on the membrane. I cannot see why, as the local action of paraffine is so beneficial in these cases, it should not exert an antiseptic influence if vaporized and mingled with the air in a room occupied by a diphtheria patient.

In conclusion, I would say that I have ordered a generous diet for the patient, and a mixture containing t. ferri perchlor. and potass. chlor. to be taken every three or four hours; and that in some cases, where owing to the lateness of the hour there was an impossibility of obtaining the medicine, the throat having been brushed diligently with paraffine through the night, there was a decided improvement in the morning before any of the mixture had been taken, showing that the improvement was due solely to the paraffine treatment.

—A. M. Sydney Turner, *Brit. Med. Jour.*

INFECTIOUS ORIGIN OF RICKETS.—Dr. Stephano Mercoli alleges, as the result of certain bacteriological researches, that pyogenic microbes are present in the nerve tissues of persons suffering from sciatica, chorea, and hydrocephalus, and the most common of those found are the staphylococcus and streptococcus. He has also been examining most minutely children who have died from hydrocephalus and rickets, and from the bony tissue of the latter, ribs, forearms, and so forth, he has been able to obtain, so he affirms, pure cultures of pyogenic microbes. According to this authority rickets is a parasitic disease; he believes that in adults the microbic activity is not enough to cause more than a local manifestation of the disease, whereas in children the infection becomes general; but it is chiefly in the nervous and osseous tissues in which its effects are most manifest. It would be convenient if we were made a little more acquainted with the details of these bacteriological investigations, before being asked to accept the results to which they are presumed to point.—*Med. Press.*

DIARRHŒA OF CHILDREN.—The *Country Doctor* submits this formula, which has done him yeoman service in intractable cases of summer diarrhœa with green fœtid stools.

℞.—Phosphate of soda	gr. xxiv.
Syrup ipecacuanha	ʒiv.
Syrup rhubarb	ʒj.
Tincture nux vomica	♏viij.
Essence peppermint	♏x.
Hot water	ʒj.
Simple syrup	ʒiij.

Dissolve the phosphate of soda in the hot water and then add the other ingredients. Dose from one-half to one tablespoonful every four hours.

The Times and Register

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THE College of Physicians and Surgeons of Chicago has taken a new departure, in organizing a fourth year of medical study, to be pursued in the preceptor's office. It cannot be denied that much is to be acquired from an association with a preceptor, that is not supplied by the medical college or by the hospital clinic. Even to the resident, fresh from a year spent in the hospital wards, the conditions, and even the ailments, met in private practice, are new experiences. Of course, the knowledge to be obtained from the preceptor will depend on the amount he himself possesses, and on his capacity for imparting it. As this is the first introduction of the student to the mysteries of medicine, it is of the utmost importance that the impression thus made on the virgin wax should be a good one, as it is apt to be indelible. We have never found any task in teaching so difficult as to uproot the errors implanted in the student's mind by his preceptor. It is therefore most wise in the Chicago college to undertake, in some measure, the direction of the student during this important period.

The regulations prescribed are as follows:

1. Non-residents may matriculate to take the first year's course in the same manner and under the same conditions as if they proposed to take a resident course.

2. Non-resident students will be required to select a preceptor satisfactory to the Secretary, and one who is willing to cooperate with the faculty in conducting the year's work, and give his certificate for the same at the end of the year.

3. Non-resident students must do the prescribed work and make satisfactory weekly reports of progress in the manner provided by the faculty.

4. The course covers thirty weeks, and not more than five weekly reports may prove unsatisfactory without debarring the student from the credit of the course.

5. When a student can furnish evidence of having already taken the work in the prescribed non-resident course, he will be assigned an equivalent from a special course.

6. Students who have taken the non-resident course in a satisfactory manner, and have shown by the weekly examinations that they have done the work thoroughly and intelligently, will receive certificates from the Secretary, which, with the certificate of their preceptor, will be taken at this college in lieu of one year's study on a four year's course.

The study of biology and physics is looked upon by the faculty as the most desirable foundation for the study of medicine and surgery. It has not been thought advisable to duplicate the resident course, but rather to supplement it. The following outline will give an idea of the plan of study as prepared by the faculty:

A. BIOLOGY.

(*a*). Invertebrate Anatomy and Physiology.

The lessons during the first month comprise the study of the fresh or salt water clam and the cray-fish or lobster. Dissections, drawings, and four written examinations.

(*b*). Vertebrate Anatomy and Physiology.

The next three months will be occupied in the study of the frog, the hen, and the rat or the rabbit, and other accessible vertebrates. Dissections, preparations, drawings, and twelve written examinations.

(*c*). Anatomy of Plants and Methods of Histological Study.

The remainder of the year will be occupied in the study of the physiology of unicellular plants, germination, methods of histological study, and such other subjects as will be suggested in the progress of the initial course.

B. PHYSICS.

(*a*). The reading of a suitable text-book on physics, weekly examinations during the whole course.

(*b*). Experimental work, which can be carried out at home with the material accessible in any village and with little expense.

C. LATIN.

It is recommended and expected that every student undertake, at the same time, the study of Latin under a competent teacher.

This course might well be extended by the addition of elementary chemistry, which would allow a fuller instruction upon this important branch in the subsequent college course. If algebra is not included, it should only be because a knowledge of its principles is exacted of the student who enters upon this preliminary course. With these topics fairly mastered, the student will be a far more satisfactory individual to teach than if he is not familiar with them. As the speed of a fleet is that of the slowest ship it contains, so the progress of a class will be regulated by the dullest and most ignorant member.

As the Illinois State Board of Health has announced that it will accept this year with a preceptor as the requisite fourth year of the medical course, it is likely other colleges will follow the example of that in Chicago. All that is needed, then, to conform to the British standard, is to tack another year to the other end of the course, to be spent in the hospital as resident, or in the dispensary as assistant. Such a course, with reasonable strictness in examinations, would leave little to be desired.

PHYSIO-MEDICALISM.

WE had a chapter recently upon "Kitchen Remedies," that seems to have attracted some attention, receiving the high honor of quotation in an English medical journal. Perhaps a few extracts from our esteemed contemporary the *Physio-Medical Journal*, may edify our readers as to that peculiar system. One of the *Physio-Med's* patrons, in explaining his singular conduct in putting his case in the man's hands, tells an unintentional truth in saying: "I know you can't do me no harm."

For some swelling and soreness of the feet, due to close application of rubber boots according to the patient, but to "weakness of the nervous system," wearing faded stockings, and "the poisonous dyes from the stockings were drawn in through the pores," according to the *Physio-Med*, the latter bathed the feet in a decoction of one herb, and gave six more internally, succeeding handsomely in keeping the man under treatment for three weeks.

For frosted feet, the same practitioner applied a bath of "chicken manure," that "made a complete cure."

For his mother-in-law's dyspepsia he prescribed No. 6, in teaspoonful doses; but the old lady's constitution triumphed over the remedy, and she actually recovered.

Here is an extract from the P.-M. Society proceedings:

"*Diuretics.*—Dr. ——— had a case, rather peculiar, that, while it did not come under the head of diuretics, yet there was a need for diuretics, and he would report the case so as to get some information as to how best to relieve the condition. Case was a young lady, aged nineteen years, nervo-bilious temperament. Had an antero-posterior curvature of spine, of twelve to eighteen months' duration. Patient very nervous, bad digestion, but little appetite, eating in two days not more than a sufficiency of food for more than one meal; bowels constipated, menses not appearing since April; goes three days without passing a drop of urine, then for one or two days will pass the normal quantity; has hemorrhage from the mouth on exertion; urine high colored when she passes any, tender in epigastric region; sick at all times; has not had to exceed two hours' sleep out of the twenty-four for months. Greatest pain is in the stomach and back, but shooting pains all over the body, now here, then there; partial paralysis of lower extremities, with left leg the worst; was a strong girl until this attack. Thinks the trouble started from picking up a tub of water and tripped her foot against something and suddenly strained her back, producing what the doctor who was called at the time said was a retroversion of uterus and probably injuring the spine. Patient now has retroversion. The hemorrhage from mouth and discharges from stomach at emesis are offensive. Would like to know what kind of a diuretic to give such a case.

"Dr. ——— remarked that he could see no direct connection of the lack of urine and the spinal curvature, except it would be by proximity of structures." * * * "The disturbed state of the stomach and nervous system indicated uremic poisoning. How to correct the condition he could not tell. The doctor having the case in charge knew more about conditions and could prescribe more rationally for the case.

"Dr. ——— said that he had placed the patient on:

℞.—Fl. ext. composition,
Fl. ext. caulophyllum,
Fl. ext. helonias,
Fl. ext. capsella.....āā ʒiv.
Syrup simplex ..... ʒij.

M.—Sig. Give teaspoonful every three hours.

"Also, gave spice bitters. Case had improved under the treatment."

Poor wretch!

Of the two learned physicians who discussed this case, *one was a Professor of Physiology and the other Professor of Practice in a Physio-Medical College!*

The whole publication constitutes a lamentable illustration of the laxity of our laws, that allow persons densely ignorant of the first principles of the medical art to practice as physicians, and even to hold, as professors and trustees of a medical college, the right to teach and license others.

Annotations.

TO facilitate the examination of cases of abdominal affections, a Russian surgeon puts his patients into a bath-tub. He says that he thereby secures relaxation of the muscles, ease of assuming various postures, and less pain on pressure.

It is easy to dismiss such a suggestion as absurd or impracticable; but there is no question but that a diagnosis could be far more readily and completely secured, were the patient to be placed in the bath. More than once, a case that baffled every effort to comprehend it has been promptly cleared up when the patient stripped to the skin.

MALARIA AND BALM TREES.

IN the *Cleveland Medical Gazette* Spiers contributes an observation to the study of malaria. The roots of a balm of Gilead tree had penetrated to the water in the family well. The water was free from noxious qualities until the tree died; and very soon after this the use of the water began to be followed by malaria, unless the water was first boiled.

The writer appears to be undecided whether the tree acted as a preventive of malaria; whether this virtue was due to the tree being a balsamiferous one; or that any other variety of a tree would have answered equally well; or whether the malaria was caused by the presence in the water of the dead roots.

THE Practitioners' Club of Chicago started most auspiciously on its career, at the Palmer House, August 31, with a dinner, over which, as chairman, Dr. C. W. Earle presided in a most genial and paternal manner. The object of the club is to cultivate the social and fraternal qualities of its members, and afford an opportunity for friend-making in the profession. Incidentally, some medical topic is discussed in a familiar manner; but the leading feature of the organization is to enable its members to break bread together in cheerfulness and good fellowship. About sixty sat down at this initial meeting, and towards the end of the repast a set of by-laws, previously prepared by the temporary executive committee, was adopted, and the temporary officers confirmed in their functions. There are to be monthly meetings, and the membership is limited to two hundred. The subject for discussion was The So-called Bichloride of Gold Treatment for Dipsomania, opened formally by Drs. A. H. Foster, Elmer S. Pettyjohn, Homer M. Thomas, J. M. Patton, and Sanger Brown, and continued briefly by Dr. Waugh, of Philadelphia, Drs. Culbertson, Church, Hollister, Clark and Hamilton. It is needless to say that reporters of the daily press were within ear-shot, and deliberately misrepresented nearly every speaker, warping everything into line of favor for the much-advertised institution at Dwight. A most enjoyable evening was closed by the singing of America in an extremely hearty manner. The meeting gives promise of much usefulness and success for the new club, the distinct need of which has been long felt. Geo. H. Cleveland, M.D., is the secretary and only permanent executive officer.

—*Chicago Med. Recorder.*

LAUDER BRUNTON says that the poison of the toad resembles erythrophlœum in its effects; producing the uncertain gait, convulsions, and paralysis, like the ordeal poison.

Book Notices.

DISEASES OF THE NASAL ORGANS AND NASO-PHARYNX. By WHITFIELD WARD, A.M., M.D. New York: G. P. Putnam's Sons, 1891. Cloth; 12mo.; pp. 165.

In this book the author has endeavored to present the advances made in this specialty during the last few years. No space is wasted over obsolescent operative procedures, but the latest and most approved methods are given. Of the forty-one illustrations, nearly all depict surgical apparatus. The therapeutics given are generally commendable, concise, and yet explicit. In speaking of the abortive treatment of acute coryza, he commends the local application of pure boric acid; adding morphine if pain ensues.

THE HAYTIAN QUESTION. By VERAX. Price, 25 cents. New York: Louis Weiss & Co., No. 116 Fulton street, 1891. Paper; pp. 111.

Those interested in Hayti may find this pamphlet of interest; though as it is an anonymous publication, but little credence is to be given to statements the author does not see fit to vouch for with his own name.

SECOND REPORT OF THE SUPERINTENDENT OF THE JOHNS HOPKINS HOSPITAL, for the year ending January 31, 1891. Baltimore: The Johns Hopkins Press.

One thousand five hundred and fifty-nine patients were treated in the hospital, with 87 deaths. The average time spent in the hospital was over twenty days. In the dispensary, 14,582 cases were treated. No particulars are given as to expenditures.

The proceedings of the last meeting of the American Medical Association are being reprinted in small volumes, each containing the work of one section. The volumes that have thus far appeared are those of the sections of Practice and Physiology, Surgery and Anatomy, and Obstetrics and Gynecology.

ELEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK. Two volumes. 8vo.; pp. 935; paper covers. With numerous maps and plans. Albany: 1891.

FIFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA. Harrisburg: 1891.

These reports should be in the hands of every physician in the State. The work done by the Board may be judged by the fact that 168 reports are embraced in the Pennsylvania volume. The character and practical value of these is exemplified by the report made by Dr. Dudley on the diphtheria at Gallitzin. Many physicians had tried their skill on this disease at Gallitzin; some, who prided themselves on their success elsewhere, bringing their favorite remedies to help out their Gallitzin brethren, but to no purpose, the disease assuming a malignant form that baffled all treatment. Dr. Dudley made an investigation, and revealed the true cause of the malady.

"The cause may be summed up fairly in one word, namely, filth. The wells are frequently not twenty feet from the privies. Not a single foot of sewer is laid in the borough. The house slops are usually thrown on the ground back of the house, and, of course, the water in the wells of those lower in the town gets the drainage, not only of the privies, but also of the cesspools and house slops of those living on higher ground."

"The only remedy is a dissemination of information, and, by the building up of public sentiment and encouragement of public cleanliness obtaining a better sanitary condition of the place."

It is a great pity the powers of the Board are not extensive enough to enable it to remedy such flagrant cases. Gallitzin has for years suffered from diphtheria, and this is not the first time the State Board of Health has pointed out the difficulty.

"PULMONARY CONSUMPTION A NERVOUS DISEASE." By THOMAS J. MAYS, M.D. Detroit, Mich.: Geo. S. Davis, publisher. Cloth, 50 cents; paper, 25 cents; pp. 185.

The medical intellect is surely capacious enough to grasp both sides of a question even as intricate as that of the pathology of consumption. Whether the current view as to the bacterial origin is disturbed or not, it is doubtful if the opposition could be more ably presented than it is by Dr. Mays.

TABLES FOR DOCTOR AND DRUGGIST. Comprising: Tables of solubilities, reactions, and incompatibles; doses and uses of medicines, specific gravities, and poisons and antidotes. Compiled by ELI H. LONG, M.D. Detroit: Geo. S. Davis, publisher, 1891.

The object of this book is to bring into convenient form for ready reference information of the character most likely to be needed.

A HAND-BOOK OF OBSTETRICAL NURSING, FOR NURSES, STUDENTS, AND MOTHERS. By ANNA M. FULLERTON, M.D. Second edition—Revised. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1891. Pp. 222; 12mo.; cloth.

The main revisions have been in the chapter on the care of the new-born infant, we are informed in the preface. The information therein is not characterized by any extraordinary originality or brilliancy. A specimen may suffice to show this: "Many physicians prefer not having the baby bathed after this greasing." Not a word as to why this preference, nor of the author's opinion; simply the bald statement, utterly useless as it stands. And yet the initial bath, in cold weather, is responsible for enough deaths to warrant a word of warning.

Again: "A wall-thermometer, costing 15 cents, may be obtained at any drug store for the purpose" —of testing the temperature of baby's bath. We once noticed a row of these cheap thermometers in a drug store window, and examined them to see if they registered alike. No two agreed as to the actual temperature; and between the highest and lowest the difference was over 40°. We suggest that Dr. Fullerton, in her next edition, substitute the nurse's rule: "If the baby comes out of the bath red, it is too hot; if blue, it is too cold."

We strongly suspect that Dr. F.'s volume contains the fruits of much reading and very little practice.

SYLLABUS OF THE OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA. By RICHARD C. NORRIS, M.D. Second edition. Philadelphia: W. B. Saunders, 1891. Cloth; 12mo.; pp. 198; price, $2.00.

"Much of the text has been rewritten and new material added, notably in the chapters on Infant Feeding, Pathology of the Puerperium, Obstetric Operations, and Dystocia." An index has also been added. The volume is interleaved, for notes; an excellent plan for students' accommodation.

The Medical Digest.

AN UNUSUAL FORM OF CHANCRE.—On January 13, 1891, a professional man from India, aged forty-nine, and intemperate, consulted me for a chancre which had appeared a week before. About twenty-seven years ago he had chancroids and suppurating buboes, which healed very slowly. The sore was on the dorsum, one-third of an inch behind the corona, and there were hard enlarged glands in each groin. Small doses of blue pill, small inunction in the groins, and dry lint were ordered. Good progress was made for a fortnight, but then the sore began to extend slowly, and there arose round it, except towards the corona, a thick ridge. This near the frænum was œdematous, but above there was a semi-solid deposit in the areolar tissue of the preputial folds. Many local applications were tried without effect, and iodoform seemed only of little service. On March 9, iodide of potassium was prescribed, together with the mercurial treatment. After ten days the skin over the hardest part of the ridge gave way, and matter similar to that in gummata came out. Improvement followed, but so slowly that it was April 13 before cicatrization was complete. It ulcerated again superficially on the 20th, but finally healed in three weeks. The enlargement of the glands has become absorbed, and no secondaries appeared. The peculiar deposit and the extreme slowness of healing, due probably to the age, habits, and former residence of the patient, seem to render the case worth recording. A somewhat similar form was described by Fournier.

—Mapother in *The Lancet.*

CHLORPHENOL—A VOLATILE ANTISEPTIC.—This is another effort directed to destroy the tubercular microbe which Dr. Passerini has proved to be a success! The same experimenter has long endeavored to modify the *Trichlorphenol*, but the odor and irritation to the mucous membrane is always a serious objection to its use. Dr. Tacchini, of Pavia, has now obtained a preparation of *Chlorphenol*, which has as much antiseptic power as trichlorphenol, and is free of all the objections against the latter. Chlorphenol is a very volatile fluid, whose vapor is heavier than air. When applied to wounds, ulcers, and discharging glands the improvement is marked.

Ozæna, laryngitis, bronchitis, and more particularly tubercular affections are beneficially affected. Passerini has treated five of the latter cases with the vapor, which being heavier than air, presumably reaches the bronchioles, if not the alveoli of the lung itself, and he finds that the bacilli rapidly disappear after commencing the inhalations. All the five cases have quite recovered, varying from two to six months from beginning of the treatment, and are apparently well at the present time.

The claims put forth are:

1. The inhalation of chlorphenol is easily borne in advanced phthisis, and is convenient in application.

2. No injurious effects arise from its continuous use.

3. Changes in the quality and quantity of expectoration till pus and bacilli disappear; cough is diminished; fever is reduced; appetite and sleep soon return; the weight of the body increases rapidly, and the local improvement is speedily performed.

Hence, the three conditions, applicability, innocuity, and efficacy, are the dominant recommendations of the drug.—*Med. Press and Circ.*

DISLOCATION AT WRIST-JOINT.—My case occurred in a boy, aged twelve years. The patient was out playing hockey on the ice, he fell, and in the act of falling struck his hand on its outer aspect against a lump of solid ice. On arising he found, as he remarked, that his wrist was broken.

On examining the injured member, I found marked distortion of the parts about the wrist-joint, a marked prominence on the anterior and lower aspect of the forearm, and a still more prominent point on the lower and posterior part of the forearm. There was marked shortening of the distance between tip of middle finger and the ext. condyle of humeru. Total loss of function at the wrist-joint, great pain, not limited to any point, but diffuse. No crepitus. Styloid processes of ulna and radius intact and bearing their proper anatomical relations to each other. I could feel the lower articular surfaces of "ulva" and radius quite distinctly at lower and ant. part of the palmer, the whole carpus being thrown violently backward and slightly outward on to lower aspect of forearm.

The case simulated a fracture of lower extremity of ulna or radius, or both, and also separation, with displacement, at the epiphysial juncture.

I reduced the deformity quite easily, by gentle traction on the hand, and counter extension on forearm at elbow-joint. I applied straight, well-padded splints, held in position by ordinary surgeon's plaster; left them on for five days, then applied massage and gentle motion. Result was extremely satisfactory.—Finn, *Maritime Med. News.*

POISONING BY GELSEMIUM SEMPERVIRENS.—About two months ago Miss W., aged about forty, an inmate of my house, was seized with very severe neuralgia about both temples. I gave her tincture of gelsemium 10 minims, with a bismuth mixture to be taken every two or three hours. After taking this for about a day and obtaining no relief—but rather she grew worse, being, as is described, "nearly mad with pain,"—I gave her the full dose of the tincture of gelsemium, according to Squire's *Companion of the Pharmacopœia*, 1882, and Whitla's *Materia Medica*, 3d edition, namely, 20 minims in a quinine mixture. This was taken every three hours, but with only moderate relief, three or four doses having been taken during the night. At about eight o'clock the following morning Miss W. was able to speak pretty well, and said she though she was better. At about nine o'clock she was speechless and in the greatest distress of mind and body; there was total loss of power in the tongue; it could not be protruded, she could not articulate, and with very great difficulty could she swallow the brandy and water we forced upon her. There was alteration in vision; she could not distinguish us clearly, and the pupils were widely dilated. She had uncertain power over the muscles of the hand and arm, so that she could not write her name. All this time she was perfectly conscious, and nodded her head in answer to questions. She was greatly alarmed as to herself, and, as she informed us afterwards, she thought she was about to have a fit. Not knowing of any special antidote for gelsemium, and seeing that there was no time to lose if we wanted to avert any increase of the paralysis, it fortunately came into my mind to give her a subcutaneous injection of strychnine, using 1 minim of the liquor strychnine, or 1-120th part of a grain. Ten minutes after this the change for the better was most marked; there was return of power in the tongue and in the hands, and an improvement in the vision.

At this juncture I was glad to have the help of my neighbor, Dr. Barron, and consulted with him the various authors of books on the use of this drug and its antidotes, but with no satisfaction, and with his approval I again injected a minim of the strychnine, and with further improvement in the condition of the patient. After this she took food and stimulants, and all paralysis disappeared. The vision was not perfectly restored for some hours, the pupils being less dilated. She had some return of the neuralgia, and was very weak for a few days, but eventually she quite recovered, and has had altogether better health since this event, than she had prior to it.

—Edward Jepson, *Brit. Med. Jour.*

A PECULIAR epidemic of intestinal diseases in Albany and vicinity has been studied by Craig. The results are given in the last number of the *Sanitarian*. His conclusions are as follows:

"Excluding from consideration the abdominal type of la grippe, and the diarrhœas caused by bad food, and sudden changes in temperature, I believe the epidemic diseases prevalent during the past winter to have been due:

"1. To the following contributing causes:

"(*a*) An ice-bound condition of the Mohawk and Hudson rivers, whereby contaminated water was not sufficiently aerated, and the destruction of such contamination by oxidation was prevented.

"(*b*) Additional contamination occurring after thaws and rains, the earth being frozen and preventing absorption, and the surface accumulations of decomposing animal and vegetable materials being washed directly into rivers and wells.

"(*c*) Non-acclimated persons drinking for the first time water to which they had not been accustomed.

"(*d*) Polluted milk supply. I am informed that a number of cases of typhoid fever, in Albany, occurred among people using milk obtained from the same milkman.

"(*e*) Sewer gas acting as a debilitating agent, and, in occasional instances, as a direct cause.

"2. And to the following as a chief cause:

"(*a*) Typhoid fever and diarrhœas endemic in Schenectady, caused by the use of either the polluted city water or private wells, or both.

"(*b*) The water of the Mohawk, contaminated by the city sewers of Schenectady, polluting the water supply of the city of Cohoes at the intake at Crescent, above the Cohoes Falls.

"(*c*) The water of the Mohawk again contaminated by the city sewers of Cohoes, below the falls, and polluting the drinking water of both West Troy and Albany.

"If I had any bias at all at the beginning of this investigation, it was in favor of the river water as a proper and healthful source of public supply. It is, to me at least, a most convincing argument that the above conclusions were forced upon me by the powerful logic of the facts obtained."

TREATMENT OF CHRONIC NEPHRITIS.—We have first to consider the progressive tendency to destruction of the kidney, either by primary degeneration of the epithelium or by its destruction under the contracting interstitial substance. In the first place, there should be avoidance of all the causes which would provoke the diseases—exposure to cold and wet being among the most important dangers; flannel should be worn; overwork, bodily and mental, given up. A climate free from both coldness and dampness sought if possible. As it seems highly probable, from many researches on the subject, that some of the symptoms are due, not to the simpler and more familiar products of nitrogenous decomposition, such as urea, but to the more complicated ones with which we are becoming acquainted, as ptomaines and toxic albumens, it is desirable that the nitrogenous foods should be presented in a form least likely to undergo abnormal changes. Hence, a heavy meat diet is not desirable. The amount of actual loss of albumen is, in most cases, not great, and it is not necessary to push animal food with a view to making up the deficiency. The vegetable proteids are capable of fully maintaining the nitrogenous equilibrium. More than this, it is not only not necessary, but throws increased and entirely avoidable labor on the kidneys, either as albumen or as excess of urea and uric acid.

The amount of meat should be regulated with reference to anæmia, and also the digestion of the particular patient in question, but should never be excessive.

Milk is an excellent food and, in some cases, an exclusive, or almost exclusive milk diet can be employed, for a time with great advantage. Of course it cannot be prolonged indefinitely without additions and modification.

Tonics, especially iron, may be used. The preference is sometimes given to some of the ether-containing preparations, like the tincture of the chloride; but if any other form is more easily borne, the ether (say spirits of nitrous ether) can be added if necessary.

Water is of great importance. The value of a great number of spring waters, which have a reputation in such cases, depends mostly on the ingredients of which least is said—*i. e.*, on the water itself, and not on the trivial amount of sulphate of soda, carbonate of lime, or infinitesimal trace of lithia dissolved in it. If there is a tendency to excess of uric acid, an alkaline water should be selected.

In *interstitial nephritis*—the cirrhotic kidney—we have to consider not merely the state of the kidney, but the condition of the circulation which so frequently accompanies and precedes it.

A great deal of use has been made of the nitrites, especially nitro-glycerine, with a view to diminishing the arterial tension. It is very doubtful whether the slight and temporary diminution produced by the doses usually given could be expected to be of great value. Certainly the results have not seemed to give decisive proof of it.

The alterative metals—mercury, silver, and gold—have been used.

Bright was certainly right in warning against mercury. The constitutional action of this drug is exceedingly inimical to the renal epithelium. This need not prevent the administration of calomel as a cathartic if considered specially desirable.

Gold appears to the writer to be as futile in controlling the formation and contraction of new interstitial tissue in the kidney as its sister, silver, has been found in similiar conditions of the nervous centers.

Among the complications.—Œdema being of long duration and often extreme, is likely to call for decided treatment. This may be of the eliminative kind, remembering, however, that in this case it is water, and not especially the urinary solids, we wish to carry off. Hence, drugs requiring the ingestion of much water should be discarded for those that may be given in small bulk, like the resinuous cathartics.

Rest in bed often diminishes the œdema, but is much more likely simply to change its location. Mechanical relief, by tapping the great cavities, as in

hydrothorax and as ascites, or the subcutaneous cellular tissue, is often called for. Punctures and incisions, if made with clean instruments, are not to be dreaded as causing local inflammation. They often drain for hours or days with advantage.

Œdema of the lungs demands similar but prompt treatment, together with stimulation of the heart. The writer considers that, under these circumstances, the diffusible stimulants, alcohol, ether, and ammonia, are of more value than digitalis. Some physicians consider musk and castoreum as valuable stimulants to the flabby and dilated heart. Bleeding may be useful, especially in terminal uræmia.

A word may be added as to the *use of morphine in the headaches* of interstitial nephritis. It is said by some persons that morphine should be given with great caution if there is any albumen in the urine; and the writer cordially subscribes to this sentiment, and is willing to add that it should never be given to anybody under any circumstances (except perfect familiarity with the patient and his idiosyncrasies) without great caution. This caution, however, should not be so great as to deprive such patients of the great relief which may be obtained by quite a small dose subcutaneously for the relief of intense headache. There are few circumstances under which it displays its powers more favorably than in these. Its use in convulsions was before spoken of.

Caffeine is often extremely useful.

—Edes, *West. Med. Reporter.*

Antagonism Between Ague and Phthisis.—I should like briefly to call attention to the possibility of there being an antagonism between malaria and phthisis. I was surprised in my journey to Central Africa to notice the distribution of phthisis, for although bronchitis, pleurisy, and pneumonia were constantly seen in nearly all the districts through which I passed, the cases of phthisis which I was able to observe were few and far between, and corresponded in a marked manner with the absence of malaria, at any rate, in its most intense forms. From Khartoum, along the valley of the White Nile, as far as the Albert Lake, through the swampy districts of Unyoro and Uganda, I can recall having seen only very few cases of phthisis (in Uganda some eighteen or twenty). Subsequently, however, on my return journey, I saw a considerable number of cases in the Shuli district, at an altitude of from 3,000 to 4,000 feet, where malaria is very rare, and where, I may mention in passing, I think that Europeans could colonize. Again, in traveling through the Bahr-el-Ghazal district, I saw a considerable number of phthisical individuals, not inhabitants of that province, but men and women, soldiers or slaves, who had come from the elevated districts in the Mombuttu country. Further north, at Dara, I again met with phthisis in people who inhabited the highlands of the Gebel-Marah region, where, I was informed, malarial fevers were entirely absent.

During the last few years (it may, of course, be the result of accident) I have had the opportunity of seeing several patients distinctly phthisical, in the early stages of the disease, who have since been abroad, and suffered more or less from malaria. On seeing them after their return, I found, and must say to my surprise, that in seven out of nine, all the phthisical symptoms had disappeared, and in the other two, although I could find no improvement in their condition, the disease had apparently made no progress.

M. Boudin, in 1857, put forward the theory that malaria and phthisis were antagonistic. He held:

(*a*) That where malarial endemic fevers are prevalent, phthisis is rare, "that the frequency of one class of cases is inversely proportionate to that of the other."

(*b*) That where malaria decreases phthisis increases; and

(*c*) That phthisis is more curable in malarious regions than in others.

These propositions were at the time vigorously discussed, but the subject has fallen out of mind. Long before M. Boudin called attention to it, in 1841, Harrison, of Horncastle, remarked on the infrequency of consumption in the Fens, and, in 1811, Wells contended that consumption and malaria were opposed to each other, and referred to many authorities to corroborate his statements. The references to the literature on the subject will be found in the "British and Foreign Medical Chirurgical Review," Vol. 23, 1859. The late Dr. T. B. Peacock, writing on the subject in 1858, did not think that any such antagonism could be proved, and published six cases which he had himself treated in which phthisis and malaria both affected the patient. Still he writes thus: "I cannot, therefore, but conclude that it is not probable any material antagonism exists between phthisis and intermittent fever. The facts do not, however, warrant the denial of the supposition altogether, and there are probably few popular ideas which have not some foundation in truth."

It is only fair to mention that Dr. Peter Gowan, once physician to the King of Siam, does not credit the antagonism of ague and phthisis, owing to the prevalence of both diseases in Siam. ("Consumption," P. Gowan, M.D., London, 1878, pp. 57–59.) Still, he admits that "it (consumption) was unquestionably shown to be almost, if not quite, absent from many such localities, and to be less prevalent where the fever was of a bad and obstinate kind." In Corea, ague, which is there called "hakuchu," is universally prevalent, although the country is generally dry, and there are few marshes or swamps. Phthisis is almost unknown.

Prof. Virchow found that nearly the whole of the population of Upper Silesia suffered from malaria, and had enlarged spleens. He never saw a case of phthisis in that region, and the doctors resident there assured him that that was the result of their experience, too. Gowan says that in all cases of phthisis he saw in patients who had also an enlarged spleen, the right lung was affected, illustrating Dr. Brehmer's theory of the causation of phthisis, and he says: "In the enlarged spleen of those who have suffered from obstinate ague we have a sufficient explanation of their comparative immunity from phthisis by the accelerating influences it exercises on the circulation within the lungs, as a result of the intermittent compression to which the bases of the lungs are subjected by this in common with all other enlargements of the contents of the abdomen." There is doubtless much to be said for the enlargement of the spleen acting thus mechanically, but, to my mind, it is an insufficient explanation of the whole matter, for the spleen is not invariably sufficiently enlarged to act in that way. I thought that I should have found something to support my view that malaria and phthisis are antagonistic, in investigating the results which have been obtained in the rearing of monkeys in this country, but, although I find that it is true the majority of monkeys do die of phthisis, yet it must be admitted that those monkeys which died at the Zoölogical Gardens some years ago died from the effects of imperfect ventilation, and, therefore, it is

impossible to class them among the deaths from phthisis proper.

In referring to the annual loss by phthisis in the army, it was in 1856 8.9 per 1,000 in the line regiments in the United Kingdom; in the Guards it was 12.5; but if we look at the mortality in Malta for the same regiments during the same time, we find it was below 5 per 1,000, and that during the same time at Mauritius and Ceylon it was only 4 per 1,000, and in the Madras Presidency below 1 per 1,000.

Numbers of observers in America have called attention to the antagonism between ague and consumption. So, for instance, Dr. Green, of Whitehall, Washington, U. S. A., said as long ago as 1858 that, though intermittent fever was of unusual frequency in that district, there was not one case of phthisis developed there, and that phthisical patients who arrived there found "relief as decided as it was permanent." He mentions also a morass near Rutland which was made into a pool, the result being that intermittent fever disappeared, and that phthisis took its place. This was the more remarkable because the re-establishment of the morass was followed by the reappearance of ague and a diminution of phthisis; indeed, it only took a half-year to establish this change.—Felkin, *Med. Press.*

Hepatic Intermittent Fever.—*Definition.*—This term is used to designate a group of symptoms which often resemble and are easily mistaken for the phenomena of malarial intermittent fever, but which are occasioned by chronic obstruction of the biliary passages. In a large majority of cases the seat of obstruction is the duodenal end of the common duct, and the obstructing body is a calculous. Calculous intermittent fever is not of common occurrence, but when it does appear it is an important aid in determining the exact location of the stone.

Symptoms.—The most prominent are jaundice, pain, digestive derangements and intermittent fever.

Jaundice may be absent. Usually it is not only present, but a conspicuous feature. It exhibits frequent and great variations in intensity and may disappear altogether for considerable stretches of time. These variations are connected with intercurrent paroxysms of intermittent fever. If the paroxysms of fever recur frequently, jaundice is likely to be a constant and marked concomitant; but if they are infrequent and separated by long intermissions, the jaundice may fade away. Repetition of the febrile movements is promptly followed by renewals of jaundice.

The usual effects of impregnation of the fluids and tissues of the body with biliary elements may be exhibited in any case of calculous intermittent fever; hence, coated tongue, bitter taste, anorexia, indigestion, constipation, clayey stools, turbid, brownish-yellow urine, pruritus, slow pulse, and subnormal temperature are ordinary features. The amount of bile pigments in the stools, as usual, is related inversely to the intensity of the jaundice, and to the degree of obstruction of the ducts. If the calculous lie loosely in a dilated part of the canal, no obstruction and no jaundice may occur; but if it be forced into a narrower part, jaundice will appear and persist until the obstructing body escapes, either by way of the alimentary canal or by dropping back into the dilated parts of the bile tube. It must also be borne in mind that a fistulous opening in that portion of the common duct which is included in the wall of the duodenum. may persist after the exulceration of an impacted stone, and that bile may readily flow into the bowels through the fistula, while the normal opening of the duct is quite occluded by another stone. These considerations explain the rare cases of hepatic intermittent fever in which febrile paroxysms are not followed by jaundice.

The Gall Bladder is sometimes so distended as to constitute a palpable and visible tumor, but in most cases it cannot be identified at all.

Pain of some kind or degree is rarely absent, but it is variable in character and intensity. In every one of my cases there was unceasing uneasiness in the epigastrium and right hypochondrium. Oppressive sensations, as of "a load on the stomach," are commonly complained of. At times there are recognizable but endurable colicky twinges. The pain and distress are almost invariably aggravated during the chill which introduces the febrile phenomena, and not infrequently the aggravation assumes the features of a violent attack of biliary colic. The severity and duration of the colic are, in some cases, at least, distinctly related to the severity and duration of the chill. In some cases, colic and chill are simultaneous, and in some, either symptom may appear a little in advance of the other. The attack of colic does not often end abruptly, but by a process of gradual amelioration. It is usually followed by exquisite tenderness in the epigastric and right costal regions and by mild fever which continues two or three days.

Gastric Disturbance is never absent. Anorexia is the rule, and not infrequently it amounts to positive loathing of food. It is often associated with a high degree of irritability of the stomach and with gaseous and sour liquid eructations. Gastric and intestinal dyspepsia are often marked. Vomiting is common. During a paroxysm of colic and the attendant chill, it is liable to be very severe, but upon the termination of these the irritability of the stomach gradually regains its minimum.

The Bowels are constipated and flatulent, and in some cases more so than usual for a day or two before and after an attack of fever. The discharges may be of normal color or clayey.

The Intermittent Fever.—The chill which inaugurates it is often as violent as that of ordinary grades of malarial fever. Sometimes it amounts only to transitory shivering. Sometimes it is absent altogether. When marked in degree it is commonly attended with colicky pain and with vomiting. It seldom lasts longer than an hour or two. Its duration and severity are directly related to its infrequency. Elevation of temperature is prompt and decided, and sometimes reaches 105° F., but usually ranges from 102° to 104°. The duration of the febrile stage varies from two to twelve hours. When the initial chill is mild, the succeeding fever is mild, and in some cases it is so mild as to be easily overlooked. In such cases the characteristic symptoms are a regularly or irregularly recurring fever, jaundice, vague colicky pains, and digestive derangement.

Sweating may be profuse, moderate, or not noticeable.

The Urine is habitually laden with bile pigments, and after a paroxysm of fever it is said to contain leucin and tyrosin (von Schüppel). Reynard claims to have demonstrated in one case that during the fever there was diminished excretion of the urine—a striking contrast with the fact appertaining to malarial fever. In one of the cases herein referred to, the presence of peptone in the urine secreted during a febrile paroxysm, was demonstrated repeatedly; while, in the same case, the urine secreted during long intermissions contained no peptone. This was regarded

as fair evidence of the existence of a suppurative process in the biliary passages.

The Intermission is extremely variable in duration. In some cases it lasts only a few hours, and in others it extends over several weeks. Its duration determines the type of fever. Of the various types, I have seen the double quotidian, quotidian, tertian and irregular in the same patient, and an example of the active type in another. Usually, however, the type of fever is irregular. The condition of the patient during the intermission is that of mitigation, but not of absolute comfort. When the febrile paroxysms are frequent, jaundice is usually constant, but, within narrow limits, variable in degree. I have seen but one exception. The patient had slight jaundice during the first three or four months of her sickness and none in the months that have followed—although the febrile and colicky phenomena have continued throughout. Emaciation and anemia progressed in every one of my cases, and they were attended with some degree of digestive derangement. When the intermissions of fever habitually last several weeks, the jaundice may fade away and the patient may feel fairly comfortable.

The Course of the affection is erratic. If the stone escape, perfect recovery may ensue, even after an illness of several months' duration. Such escape may occur without giving rise to any striking symptoms at the time. If the stone do not escape, the case may continue for years, or death may ensue from cholæmia, peritonitis or exhaustion.

Treatment.—Cholagogue purgatives exercise an undoubted influence upon the recurrence of the febrile paroxysms, but I know of no other line of medical treatment which will make a durable impression upon the course of such cases. Needless to say an imprisoned stone may escape at any time and recovery may follow. The treatment in vogue at the time is likely to be credited with the "cure," while in fact it may have had nothing to do with it.

—Quine, *Chicago Med. Recorder.*

FRENCH NOTES.

A. E. Roussel, M.D.

Oxalic Acid as an Emmenagogue.—Marsh has employed this drug in a number of cases, and always with success, no matter what the cause of the amenorrhœa. The absence of taste as well as irritating influence on the stomach render it superior to other drugs of the same class. He also recommends it as a calmative in acute cystitis. He prescribes it as follows:

℞.—Oxalic acid..... 15 grains.
Syrup of orange peel..... 1 ounce.
Rain water or distilled water, q. s.. ft. 4 ounces.
Sig. One teaspoonful every four hours.

—*Revue de Thérapeutique.*

Intubation of the Larynx in Croup (MM. Egidi and Massei).—The advantages of the above method are as follows:

1. The operation, with a little experience, is performed almost instantaneously.
2. It is not followed by loss of blood which exhausts the patient.
3. There is no traumatism of the tissues, or pain.
4. There is no shock after the operation.
5. No danger whatever of septicæmia or erysipelas, as there would be with an open wound.
6. No irritation produced by the tube.
7. Much less discomfort than with the canula in trachæotomy.
8. No wound which must heal by granulation.
9. The air enters the lungs in the natural way and is moist and warm.
10. The patients do not require assistance as after trachæotomy.
11. Intubation does not prevent a subsequent trachæotomy, if judged necessary.
12. According to Wanam, intubation is followed by a greater number of cures, especially under three years of age.

On the other hand the disadvantages of this operation are:

1. Suspension of the respiration during the introduction of the tube, and consecutive shock, particularly after prolonged efforts to accomplish intubation.
2. False passages.
3. Asphyxia by the gradual accumulations of the secretions in the canula.
4. Falling of the canula into the trachia.
5. Asphyxia by tumefaction of the tissues above the superior extremity of the canula.
6. Lesions of the larynx produced during the efforts of the extraction of the tube.
7. Passage of the tube into the æsophagus.
8. Expulsion of the tube during efforts of coughing.
9. Propulsion of the false membranes in front of the tube.
10. Fatal occlution by pieces of the false membrane underneath, or in the interior of the tube.
11. Ulcerations due to the compression produced by the tube.
12. Pneumonia by inspiration of septic air.
13. Pneumonia by penetration of alimentary substances into the respiratory tract.
14. Œdema from different causes.
15. Dangers arising from the application of the tube.

After this enumeration of the advantages and the disadvantages of intubation, the authors present the statistics of their operations.

Twenty-seven cases were operated upon by Dr. Egidi with 4 cures, and 3 cures were obtained by Prof. Massei out of 6 cases, making a general average of 21 per 100. These results would at first sight seem but little favorable to the operation. But Dr. Egidi is careful to note the especially pernicious character of the epidemic of diphtheria which existed during his operations; the proof of which is that trachæotomy, under the same conditions, resulted in but 4 cures out of 15 operations.

The authors then pass in review the accidents and the difficulties which presented themselves in their patients, and conclude their work by the following personal résumé:

(*a.*) Intubation enters legitimately in the treatment of croup; it is without doubt our duty to try it.

(*b.*) It is always indicated when other ordinary methods of treatment have not succeeded in arresting the laryngeal stenosis, that is to say under the same conditions which indicate the necessity for trachæotomy.

(*c.*) Intubation may be insufficient in the symptomatic treatment; but it has certainly succeeded in doing away with the necessity for trachæotomy in several instances.

(*d.*) In private practice it is prudent to obtain the consent for trachæotomy, which will be reserved in case of necessity, but always after having given intubation a trial.

(*e.*) If the trachæotomy has a greater chance of success the earlier it is practised, it is likewise the same as regards intubation; but *caeteris paribus* intubation may be attempted even when it is too late for trachæotomy, or when the diphtheria of the throat constitutes a counter-indication; without forgetting, however, that the introduction of the tube, *in extremis*, may provoke an arrest of respiration and instantaneous death.

(*f.*) The indications are therefore greater for intubation than for trachæotomy; but the most favorable moment to perform it is the same.

(*g.*) Intubation may be utilized as a means of diagnosis on certain stenoses of the air passages in children when these stenoses are of doubtful interpretation.—*Bulletin de Thérapeutique.*

GERMAN NOTES.

HERMAN D. MARCUS, M.D.

SYPHILIS TREATED WITH INTRAMUSCULAR INJECTIONS OF SALICYLATE OF MERCURY.—Dr. Eich reports following in the *Therap. Monatsh.:* Syphilis was treated in Prof. Leichtenstern's (Cologne) clinic by intramuscular injections of:

℞.—Hydrarg. salicyl..... gr. xv.
Paraffin liqu..... ʒiiss.
M.—S. For injection.

One hundred and seventy-five cases were treated with the neutral and two hundred and one cases with the basic salt. The results of the observations are as follows: There is no apparent difference in the therapeutic action of the two salts. Hydrarg. salicyl. is very convenient as an anti-syphilitic remedy. The injections are positively painless. Toxic manifestations are never noticed, and the general health becomes very much improved. The duration of treatment is shorter than with other anti-syphilitic remedies (twenty-seven days). Two injections of 1½ grs. of the salicylate of mercury are sufficient, more may be used.—*Wiener Med. Presse.*

EUROPHEN.—Europhen is an amorphous, yellow powder, with an aromatic (resembling saffron) odor, which is decreased when used in form of ointments. It contains 28 per cent. of iodine.

Europhen is more easily solved than aristol or iodoform. It is insoluble in water or glycerine, easily in alcohol, and very easily solvent in ether, chloroform, oil, and collodium.

If a sediment remains in any solution of oil it is well to filter the preparation. The precipitate being an iodine compound insoluble in oil.

Europhen feels like rosin to the touch, adheres to the mucus membrane and to wounds as firm as aristol, and more easily than iodoform. So far experiments have shown europhen to be non-poisonous.

It is specific, lighter than iodoform, so that 1 part of europhen will cover the same surface as 5 parts of iodoform.

Ointments and solutions of europhen should be prepared in a cold condition, and never heated.

Eichhoff reports some cases, and comes to following conclusion: "If we differentiate the cases under treatment in two great groups as to their nature, as venereal and non-venereal affections, we find that all venereal lesions, with the exception of gonorrhœa, are greatly benefited by the use of europhen."

Two cases of ulcers molle were quickly cured by dusting of europhen.

Constitutional syphilis, primary, secondary and tertiary, reacts with the application of europhen whether used locally or subcutaneously.

Europhen may be, therefore, considered as a typical anti syphilitic remedy; it does not show any poisonous properties.

Regarding the non-venereal affections: Eczema parasitarium, psoriasis, and favus did not respond to treatment; while ulcus couris scrophuloderma, lupus exulcerans and combustio were greatly benefited by europhen.

This may be explained by the fact that free iodine is only precipitated from europhen in open wounds, and not on dry surfaces.

Eichhoff recommends the following prescriptions:

For Eczema:

℞.—Europhen ..... ʒj, gr. xv.
Ol. oliv..... ʒiiss.
Lanoline ..... ʒij, ʒv.
M. ft. ungt.

For Gonorrhœa:

℞.—Europhen ..... gr. xv–ʒj.
Ol. oliv.,
Pulv. acac. .....āā ʒiiss.
Aq. dest. .....ad ʒvj, ʒij.
M.—S. For injection.

For Syphilis (as injection):

℞.—Europhen..... gr. xxiiss.
Ol. oliv. ..... ʒiij, ʒj, gr. xliij.
M.—S. Use as injection daily a syringeful.

—Eichhoff, in *Therap. Monatshefte.*

SULFONAL IN TETANUS NEONATORUM.—Dr. Berenyi reports the following: An eight days' old child was subject to tetanus, which attacks always appeared when the child took the breast. The skin becomes bluish during the attack, the muscles of masticating become hard, also the abdominal wall; the upper extremities cross themselves in a flexed position over the breast, the thumbs are bended, the spinal column stiff. Berenyi (Gran. Hungary) ordered, as an experiment, sulfonal, gr. iij, intrarectal, also by the mouth. After the fifth attack, which was greatly alleviated, the child began to take to the breast. During the next days the attacks became weaker. On the fifth day they had entirely disappeared. Berenyi used ʒiiss without producing sleepiness, or any other ill effects.

—*Pest. Med.-Chir. Presse.*

SNAKE BITES.—Prof. L. Hoffman (Stuttgart) recommends the following therapie:

1. In new cases, deep incision, and washes with carbolic acid (5 per cent.) or permanganate of potassium; cauterization; ligation between the wound and the heart, to be kept up from four to six hours.

2. Against the paralyzing action of the poison, injections of ether or camphor; internally, liq. ammon. caust. and alcohol.

3. Against appearing sepsis, washes with strong antiseptic solutions—carbolic acid (5 per cent.), sublimate (1 per cent.) locally, and careful constitutional treatment.—*Deutsche Zeitschr.*

RESORCIN.—*For Gastritis with Constipation:*

℞.—Inf. rhei ..... ʒij: ʒv, ʒv.
Tr. ignat. amara,
Tr. rhei vinosa.....āā ʒj.
Resorcini resubl. (Merck) ..... ʒss.
Elæosacch. menth..... ʒiiss.
M.—S. Tablespoonful every two hours.

As a Hypnotic:

℞.—Resorcini resubl..... gr. viiss.
M. ft. pulv. No. x.
S. One powder in water before retiring.

For Diarrhœa in Children:

℞.—Solut. resorcini resubl..... gr. ivss–gr. viiss : ℥viss.
Tr. opii..... gr. viiss.
Tr. ignat. amara..... gr. xv.
Syr..... ℥v.
M.—S. Tablespoonful every two hours.

For Carcinoma of the Stomach:

℞.—Decoct. condurango ..... ℥iij, gr. vl : ℥v, ℥v.
Tr. rhei vinos. ..... ℥j, gr. xv.
Resorcini resubl. ..... gr. xxx.
Syr. cort. aurant..... ℥v.
M.—S. Tablespoonful every two hours.

For Stomachic Affections of Adults with Diarrhœa; Peritonitis; Vomiting of Pregnancy:

℞.—Sol. resorcini resubl..... gr. xxx : ℥v, ℥v.
Tr. opii..... gr. xxx.
Tr. ignat. amara ..... ℥j, gr. xv.
Syr. .... ℥v.
M.—S. Tablespoonful every two hours.
—Menche, in *Centralblatt f. Klin. Med.*

Medical News and Miscellany.

DR. JOSEPH LEIDY has removed to 233 South Thirteenth street, below Locust, Philadelphia.

NATIONAL ASSOCIATION OF MILITARY SURGEONS.—At the meeting of this Association at Chicago, September 18, the following were elected officers:

Gen. N. Senn, President; Maj. Nelson H. Henry, of New York, First Vice-President; Col. E. Chancellor, of Missouri, Second Vice-President; Col. Matthews, of Illinois, Secretary; Lieut. Ralph Chandler, Corresponding Secretary; and Col. T. T. Crane, of Colorado, Treasurer.

St. Louis was selected as the next place of meeting.

HOSPITAL ELECTIONS.—At the Melbourne Hospital, Victoria, the Governors every now and then amuse themselves with a general re-election of the entire staff. Then woe be to him who by carelessness or inadvertence—or even in the honest and fearless performance of his duties—has come into collision with any number of the subscribers! We have been favored with the following cutting from a private letter just received from Melbourne: "Our horrible popular hospital election is just upon us again, touting, canvassing, cards, circulars, making votes, buying votes, etc.—Hideous!" Melbourne is a young city.

RACHEL COLLEGE OF OBSTETRICS AND NURSING, OF ST. LOUIS.—This institution which, several weeks ago we were informed, was in the advanced stages of gestation, has at full term achieved the status of independent existence, and, like the goddess Minerva, is fully equipped with competent instructors for supplying "one of those long-felt wants," and worthily so, for "it is instituted for the purpose of affording facilities for the education and training of women in the science and practice of obstetrics and nursing." The specified objects are laudable, and the mode of their attainment feasible. A corps of women properly educated for a vocation which involves, 'tis said, "more than two-thirds of the obstetric practice of the country" cannot fail to enure to the greater safety to both mother and child.

Preliminary course commenced September 14, 1891. The commodious mansion, No. 1414 Lucas place, has been secured for the college building.
—*Weekly Med. Review.*

THE peach was originally a very poisonous fruit, but by cultivation the poison has disappeared.

WEEKLY Report of Interments in Philadelphia, from September 19 to September 26, 1891:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess		1	Inflammation bladder	1	
Alcoholism	4		" brain		13
Apoplexy	9	1	" bronchi	2	2
Bright's disease	8		" kidneys	2	
Cancer	12		" larynx		
Casualties	11	2	" lungs	12	3
Congestion of the brain		3	" pericardium	3	4
" " lungs		2	" peritoneum	3	1
Cholera infantum		36	" pleura	1	
" morbus		1	" s. & bowels	3	
Consumption of the lungs	31	4	" tonsils		2
" " throat	1		Malformation		1
Convulsions		13	Marasmus		3
Croup		7	Old age	14	28
Cyanosis		2	Paralysis	6	1
Debility	3	8	Purpura hemorrhagica		1
Diarrhœa	3	4	Pyæmia	1	
Diphtheria		12	Shock, surgical	1	
Disease of the heart	12	3	Softening of the brain	1	
Drowned	3	1	Suicide	2	
Dropsy	3	3	Syphilis		1
Dysentery	1		Tabes Mesenterica		1
Fatty degeneration of the heart	1		Teething		2
Fever, scarlet		4	Tetanus		1
" typhoid	10	4	Tumor	2	
Gangrene	1		Ulceration of the stomach	1	
Hernia	1	1	Uræmia	2	
Homicide	1		Whooping cough		5
Inanition		15	Total	173	196
Influenza	1				

IT has been decided by the joint committee appointed by the following societies, to hold a union meeting of the North Western, the North Eastern, and the North Central Ohio Medical Societies, at Mansfield, O., on Thursday, Friday, and Saturday, November 5, 6, and 7.

On Thursday evening the members will be entertained by a reception given in honor of the association by the Hon. John Sherman, and on Friday evening by a reception given by the Hon. M. D. Harter. Every arrangement has been made to make this meeting a pleasant and profitable one, and we trust that a full attendance may be had.

Ample hotel accommodations will be arranged for; and an effort will be made to secure reduced rates on all the railroads of Ohio.

The following Committee of Arrangements has been appointed: Dr. R. Harvey Reed, Dr. J. W. Craig, and Dr. Geo. Mitchell, all of Mansfield.

THE rapidly increasing urban population of the United States has led to a corresponding development of health resorts of all descriptions—seaside, mountain summits, mineral springs. Our fast living, overworked city people need a change, and will have it, during the long, hot summer months. The great railway systems do all in their power to facilitate this change. Hence the two Virginias, New York, New Hampshire, Arkansas, annually reap enormous sums by means of their mountains and waters. The seacoasts of New England are a mine of wealth to the States having good beaches for bathing.

Tennessee, in its great extent and variety of mountains, and in its mineral waters, has a source of wealth and fame hitherto but little appreciated. The four rapidly growing cities of this State alone annually send out many thousands in search of pure air and recreation. The immense cotton regions to the south and west of our borders furnish perhaps an equal contingent. The Tennessee resorts ought to be the preference of a large majority from these quarters.
—*Tennessee State Board of Health Bulletin.*

DR. Y.: "You, sir, why you prostitute your position as a member of a noble and honorable profession by encouraging the drinking propensities of the people, filling our prisons and workhouses by your vile principles, sending the loveliest of our young women to a life of shame, enticing our young men from their ginger-beer and hymn-books—yes, sir, you do. I saw a prescription of yours only yesterday for a child, an infant, sir—three minims of vin. ipec. to the dose—three drops of 'death in the pot,' minim measure, I mean. Yah! you wicked man, keep your temper, will you, if you are sober. Bah! you smell of sp. eth. nit."

Dr. X.: "Sir, you misquote Scripture; I'll none of ye!"—*Hosp. Gaz.*

ACCORDING to *The Country Doctor*, "A physician's bill is a debt of honor. Bankruptcy can not affect the obligation. The grocer and dry goods merchant may be put off a little, but the physician is more than tea and sugar, coffee and calico. He attends at all seasons and all hours; he adds his sympathies and interests; he bears a part of the anxieties in the trying moments, and advises at all times in pain and peril."

The above, which we clip from an exchange, is remarkable for both truth and falsehood. As a mere abstract proposition it is true as Holy Writ. But as a statement of real practical every-day facts, it is as false as a fashionable woman's bust. In real life, the grocer, butcher, dry goods man, patent medicine vender, and in fact everbody else, are paid first; if there is anything left the doctor stands a chance at it—provided the circus don't come along.—*Ex.*

MEDICAL PRACTICE IN CONNECTICUT.—The following reply was sent to a doctor inquiring of a State official if he will be allowed to practice in Connecticut by registering his name and the college from which he was graduated:

"SIR:—Anybody can practice medicine in Connecticut. You do not need to register; you do not need a medical diploma; you do not need to know the difference between opium and peppermint; you do not, indeed, need to know anything. You can simply come and live here and begin to practice. The laws of Connecticut will sustain you in collecting your fees for professional services, if you render any which you choose to call such. But if you undertake to carry me or my trunk to the depot for pay, you must get a license. If you peddle matches or peanuts, you must get a license. If you collect the swill from your neighbors to feed your pigs, you must get a license. If you want to empty your cesspool, you must get a license. But you can practice medicine in Connecticut *without a license.*"—*Hartford Post.*

AN incident strangely characteristic of epidemics in India occurred during the recent outbreak of cholera in Rungpur. The measure adopted by the medical authorities were already bearing fruit in a sensible diminution of mortality, and the people were beginning to appreciate the value of the rules which had been issued for their guidance when a number of quacks, termed "ojhas," alarmed probably at the falling off in their profits, made a concerted attempt to defeat the efforts of Government. Under the pretext of exorcising the cholera demon, they levied a fee of one rupee in every household, while they personated the "demon" at night, prowling with torches on the outskirts of the villages, and terrifying the simple natives by the utterance of the most hideous yells. They succeeded, further, in spreading a report that the recent census had proved the country to be over-populated, and that the Government doctors had consequently been sent down to poison a certain number of the inhabitants. The result of these rumors was so disastrous that in many districts the people deserted their villages and fled to the jungle, and the local authorities experienced the utmost difficulty in persuading them to return.—*Indian Med. Gazette.*

PECULIAR FISH POISONING CASES.—"Medicus" (Birmingham) reports the following:—On August 23, Sunday morning, about 7 A. M., I received an urgent message to go to see a family who had been poisoned. I hastened to the place and found husband, age thirty-six; wife, age thirty-four; child, age twelve; baby, age ten months, all in a semi-comatose state. Their temperatures were sub-normal; pupils dilated; very thready pulses; and the whole of them suffering from sickness; cramp in the bowels. On making inquiries I found that on the Saturday evening they had had a meal of halibut liver, fried. I saw some of the same, and it appeared perfectly fresh and sweet. I saw them several times during the day, and prescribed stimulants, and am pleased to say that they all recovered in the course of a week. Since attending the patients referred to above, I have heard that other persons have been poisoned by the same kind of fish, bought at the same shop on the same day.

—*Hospital Gazette.*

POPULATION OF THE UNITED STATES IN ACCORDANCE WITH ALTITUDE.—Mr. Henry Gannett, the Geographer of the Census Office, has prepared a report on the distribution of the population in the United States according to altitude, from which it appears that about one-sixth of the population live less than 100 feet above sea-level—namely, along the immediate sea-board and in the swampy and alluvial regions of the South, and that more than three-fourths live below 1,000 feet, while below 5,000 feet are found nearly 99 per cent. of the inhabitants. At great altitudes there are found only the most trifling proportion. In the area below 500 feet is included nearly all that part of the population which is engaged in manufacturing and in the foreign commerce of the country, and most of that engaged in the culture of cotton, rice, and sugar. The interval between the 500 feet and 1,500 feet contours comprises the greater part of the prairie States and the grain-producing States of the northwest. East of the 98th meridian the contour of 1,500 feet is practically the upper limit of population, all the country lying above that elevation being mountainous. The population between 2,000 feet and 5,000 feet is found mainly on the slope of the great Western plains. In this region the belt between 2,000 feet and 3,000 feet is almost everywhere the debatable ground between the arid region of the Cordilleran plateau and the humid region of the Mississippi Valley. Above 3,000 feet irrigation is almost universally necessary for success in agricultural operations. Between 4,000 feet and 5,000 feet, and more markedly between 5,000 feet and 6,000 feet, it will be noticed that the population is decidedly in excess of the grade or grades below it. This is mainly due to the fact that the densest settlement at high altitudes in the Cordilleran region is at the eastern base of the Rocky Mountains and in the valleys about Great Salt Lake, which regions lie between 4,000 feet and 6,000 feet. Of these the extensive settlements at the base of the mountains in Colorado are mainly between 5,000 feet and 6,000 feet. Above 6,000 feet the popu-

lation, which is confined to the Cordilleran region, is almost entirely engaged in the pursuit of mining, and the greater part of it is located in Colorado, New Mexico, Nevada, and California. While the population is increasing numerically in all altitudes, its relative movement is decidedly toward the region of greater altitudes, and is most marked in the country lying between 1,000 feet and 6,000 feet above the sea. The density of population is greatest near sea-level in that narrow strip along the sea-board which contains our great seaports. The density diminishes gradually and rather uniformly up to 2,000 feet, where the population becomes quite sparse. The average elevation of the United States, excluding Alaska, is about 2,500 feet. The average elevation at which the inhabitants lived, taking cognizance of their distribution, was 687 feet in 1870; in 1880 it had increased to 739 feet; and in 1890 to 788 feet.

THE typhoid fever epidemic in Newark, N. J., is another example of official obtuseness and negligence, and of inexplicable willingness of the people to imbibe the filthiest of all filth with their drinking-water. It matters not whether such filth is supplied to wells from the soakage of privy vaults in proximity with them—the process common to villages round about—or discharge into the reservoirs or rivers from which the drinking-water is obtained, its character is the same.

But the Passaic river is well-known to have served the double purpose of being the common receptacle of the sewage, and the source of the potable water of one hundred thousand people, more or less, for many years. These people seem to have been waiting for that degree of filth saturation above stated by Dr. Balch, who, from his official capacity for several years as the executive officer of the State Board of Health, and also Health Officer of Albany (where the people have been drinking the sewage of Troy until Albany has become celebrated as a fever hatchery), and the knowledge he has acquired by the let-alone policy of the State Board in regard to the Croton, is evidently qualified to speak with authority upon the subject.

Yet there are said to be some people, and among them even some physicians, who still hold to the fatal fallacy of the late Dr. Letheby, Medical Officer of Health of London, about twenty five years ago, that "sewage when it is mixed with twenty times its volume of running water, and has flowed a distance of ten or twelve miles, is absolutely destroyed; the agents of destruction being infusorial animals, aquatic plants and fish, and chemical oxidation." This theory appears to have been based upon Dr. Letheby's inability to detect the sewage under such circumstances, hence he believed in its total destruction, notwithstanding abundant evidence adduced of the prevalence of cholera and typhoid fever among persons who drank such water. He had more faith in his chemical tests and microscopes than in the fatal results. Unfortunately, Dr. Letheby's theory appears to have been accepted by Prof. Chandler, of New York. It was on his judgment that the people of Albany consented to drink the sewage of Troy; and it has been through faith in his analyses and judgment that the Croton and Hudson have been held up as examples of purity, notwithstanding the amount of filth constantly poured into them, as well as the Passaic, and the high rate of mortality from intestinal diseases among those who have used these waters, that cannot otherwise be accounted for.

—*The Sanitarian.*

HOLIDAY COLONIES IN SPAIN.—Spain is following the example of other countries in organizing "colonies" of poor children who are sent to the country for some weeks in the summer. The fifth "colony" of children from the public schools of Madrid, was recently sent to San Vicente de la Barquera. The Queen Regent has again given 1,000 pesetas and the Provincial Council 500 pesetas to the fund. The number of children sent to the country this year is thirty-eight, which is considerably larger than in any previous year. For the first time, also this year, the "colony" includes a contingent of little girls. The "colony" is under the charge of Don Ricardo Rubio, Secretary of the Museo Pedagogico, which is the organizing agency of the movement, together with two masters and as many mistresses. Possibly some may think the latter estimable persons might with advantage have been left behind; for is not the schoolmaster—like the world, according to Wordsworth—just a little "too much with us?"

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending September 26, 1891.

MARSTELLER, E. H., Passed Assistant-Surgeon. Detached from U. S. S. "Petrel," and granted one month's leave.

NORTON, O. D., Passed Assistant-Surgeon. Detached from special duty Naval Academy, and to the U. S. S. "Petrel."

HALL, J. H., Surgeon. Detached from Naval Hospital, Chelsea, Mass., and placed on waiting orders.

BRADLEY, G. P., Surgeon. Ordered to Naval Hospital, Chelsea, Mass.

GRAVATT, C. U., Surgeon. Ordered to Naval Hospital, Brooklyn, N. Y.

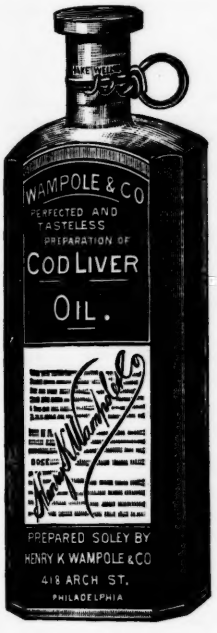
GARDNER, J. F., Passed Assistant-Surgeon. Detached from Naval Hospital, New York, and to the Naval Station, New London, Conn.

NORTH, J. H., Assistant-Surgeon. Detached from Navy Yard, New York, and wait orders.

LUNG, GEO. A., Assistant-Surgeon. Detached from Naval Station, New London, Conn., and to the Navy Yard, New York.

SIMONS, M. H., Surgeon. Detached from the "Enterprise," and to hold himself in readiness for sea service.

Wampole's Perfected and Tasteless Preparation of Cod-Liver Oil.



Combined with Extract of Malt, Fluid Extract of Wild Cherry Bark and Syrup Hypophosphites Compound (containing Lime, Soda, Potassium Iron, Manganese, Quinine, and Strychnia).

Containing the curative agents from 25 per cent. Pure Norwegian Cod-Liver Oil. Rendered pleasant and agreeable by the addition of choice Aromatics. For full directions, see circular surrounding bottle.

We invite your attention to the "fac simile" of an Analysis made by Charles M. Cresson, M.D., certifying to the value and efficacy of this Preparation, and which we have printed on the back of our circular.

NUTRITIVE. TONIC. STIMULANT.

Put up in 16-ounce bottles, full measure, $8.00 per dozen, net.

Put up in 5-pint bottles for convenience in dispensing, and as a regular stock bottle. 5-pint bottles, each $3.00, net.

Wampole's Concentrated Extract of Malt	$2.00 per doz.
" Syrup Hypophosphites Compound . . .	$3.50 per 5-pint bottle.
" " Hydriodic Acid	$8.00 per doz. in lb. bottles.
" Granular Effervescent Salts.	

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(MEDICINAL) H_2O_2 (ABSOLUTELY HARMLESS.)

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Endorsed by the medical profession.
Uniform in strength, purity, stability.
Retains germicidal power for any length of time.
Taken internally or applied externally with perfect safety.

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DR. S. POTTS EAGLETON, Resident Physician in the Children's Hospital of Philadelphia. "Résumé—Hydrogen Peroxide in Surgical Affections." *Medical and Surgical Reporter*, Philadelphia, Pa.

NOTE.—Avoid substitutes—in shape of the commercial article bottled—unfit and unsafe to use as a medicine.

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PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLE ON APPLICATION.

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☞ Mention this publication.

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Notes and Items.

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Respectfully, W. C. ABALY, PH.G., M.D.

THERE is a peculiarity about the effervescent granular salts, manufactured by W. T. Thackery & Co., that we have not noted in any others. When the salt is poured into a glass of water some effervescence takes place. But for some time after there is a continued disengagement of gas, the bubbles adhering to the sides of the glass; so that in an hour's time the liquid has not become flat. This allows one to sip the liquid, a little at a time; a point of considerable importance to many who do not like to drink large quantities quickly.

EXAMINER (to aspirant for pharmaceutical honors): "Well, now, Mr. Murphy, tell me how you would prepare extract of logwood?"

Candidate (hesitatingly): "I'd—I'd get me logwood, sur."

Examiner (approvingly): "Just so, Mr. Murphy."

Candidate (confidently): "I'd get me logwood, sur, and—and—" (after a long pause, desparately) "put it in a tincture press; squaze the juice out av it; filter through paper; boil, to soften the albumin; thin evaporate to a syrupy consistency, decant the ethereal solution, and preserve in a stoppered bottle." Entire collapse of examiner.

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Address, Z, office of THE TIMES AND REGISTER.

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Insomnia may may be dependent upon derangement of the nervous, circulatory, respiratory or urinary organs, the alimentary tract, the liver, or upon febrile or general disease. It may also be caused by unhygienic conditions of heating, lighting, ventilation, diet, occupation.

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